



# Official Transcript Request Form

Student's Name \_\_\_\_\_

**Transcripts are \$3.00 each. If you receive Free/Reduced Lunch, this fee will be waived.  
Fill out one form for each request.**

Organization(s) to Which Transcript Should be Sent:

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

## Release of Student Records

By law, written permission is required to release student records to a third party.

I give approval for a transcript to be sent by U.S. mail or electronically to the organizations listed above for the named student.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/  
Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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*Office Use Only*

Request Received on \_\_\_\_\_

Paid \_\_\_\_\_ Waived \_\_\_\_\_

Transcript Mailed on \_\_\_\_\_

Initials \_\_\_\_\_