TRANSCRIPT REQUEST FORM

Student's Last Name _____ First Name _____ M.I. _____

Name under which you attended Prep Charter High School _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ E-Mail Address _____

Signature Authorizing Release _____ Date _____

Date Graduated/Withdrew _____ Reason for request _____

Note: Senior class should request their transcripts from their counselor. Under class students (9th, 10th and 11th grade) should state the reason for this request on the line provided above. If the student is applying to an outside program, they need to attach a copy of the competed application to this form.

Transcript Type:

☐ Official w/S.A.T Scores ☐ Official Transcript Only ☐ Unofficial Transcript

Please send copies to: **(**Print recipient's name and address below)

_____

_____

_____

_____

Please note that 48 hours notice is required (2 working days). However during the summer, the opening and closing of school and holiday breaks there will be delays.

For Office Use Only:

Date Requested:_____ **Date Sent:**_____ **Initials:**_____