

# TRANSCRIPT ORDER FORM

Today's Date: \_\_\_\_\_

Registrar Processed: \_\_\_\_\_

(Office use only)

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ ID #: \_\_\_\_\_

## ELECTRONIC TRANSCRIPTS NOT AVAILABLE

Transcripts cost **\$2.00** for each and receipt of payment is required at time of order

Please pay Bookkeeper and attach receipt to this order.

How many ordered: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

You are requesting transcript(s) to be sent to the school(s) listed below, or write ***Pick-Up*** for you to pick up from the Registrar.

1.)

Name of School	Address	City	State	Zip
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2.)

Name of School	Address	City	State	Zip
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3.)

Name of School	Address	City	State	Zip
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**(Please allow 48 hours for pick-up)**

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