

TRANSCRIPT REQUEST FORM

DATE: _____

Please make **1 2 3 4 or 5** official copy/ies of my transcript. (Please circle the appropriate number needed.)

NAME: _____

STUDENT D.O.B : _____

Students requesting a transcript will be required to submit a transcript request form to the Student Services office **five working days** prior to the release of the official transcript. This request will allow the Student Services offices adequate time to prepare the student's transcript.

In order to ensure accuracy of the official transcript, an unofficial transcript will be sent home **within two working days** of the receipt of the transcript request form for the student to review with their parents. This review process will allow both the student and their parent's time to check for any errors or omissions. After the student and their parents have reviewed the transcript and suggested any changes they will be asked to sign and return the unofficial transcript to the Student Services office.

The Student Service office will then have up to **three working days** to verify the accuracy of any suggested changes and produce an official transcript in a sealed envelope that will be available for the student to pick up.

****The transcript will reflect grades for completed coursework only.****

**** \$1.00 per official transcript request**

_____ Date Unofficial Transcript Sent for review

_____ Date Unofficial Transcript Received

_____ Fee received for transcript

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