

Official Transcript Request Form 9/2014

Student Information

Student Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date of Birth _____ Email _____

Transcript Information

Type of Transcript Requested: Official _____ Unofficial _____

Year of Graduation _____ or Last Year Attended _____

****** Return this form with the name of the institution to which you are sending. You will need to come back to pick up your sealed transcript in order to mail out for yourself. ******

Name of College(s):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize **Greenville Tech Charter High School** to release my official transcript to the above listed school/agency.

Signature/Authorization _____ **Date** _____

Relationship to student (if not student) _____

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School Use Only

Date received _____ **Date Returned to Student** _____ **Student's Initials** _____

School Personnel Signature _____

Please allow up to 5 days to complete this request