

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 completed 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: _____