

Turner College & Career High School
STUDENT TRANSCRIPT REQUEST FORM

Date: _____ Year of Graduation / Withdrawal: _____

Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Student ID : _____

Phone # _____

PLEASE SELECT ONE OF THE FOLLOWING INSTRUCTIONS:

- _____ Mail **official** transcript.
- _____ Mail **official** transcript with attached application to address given below.
- _____ **Official** transcript to Counselor _____
Name
- _____ Student will pick up an **UNOFFICIAL** transcript.

Postmark deadline: _____

MAIL TRANSCRIPT TO: (ADDITIONAL COLLEGES MAY BE LISTED ON BACK)

1. _____
College Address City State Zip
2. _____
College Address City State Zip
3. _____
College Address City State Zip

\$1.00 fee per transcript

Special Instructions:

_____ Needed for college application

_____ Include standardized test scores

_____ Other: Specify _____

Office Use:

Date Sent: _____

Fee Paid: _____

Signature: _____ Date: _____