REQUEST FOR Adult High School TRANSCRIPT
NOTE: THE STUDENT'S SIGNATURE IS REQUIRED
BEFORE THE TRANSCRIPT WILL BE RELEASED

Return to:
Melissa Morlock
GHL Room 104

Name (Please print) _____

Name While Attending AHS Program (if different) _____

Today's Date _____ Last 4 digits of SS# _____

Date of Birth _____ Current Phone Number _____

Approximate Date/Semester of Completion _____

Present Address _____

_____

_____

Send a Copy to _____

_____

_____

OR

I will pick up the transcript on or after _____
(Allow a minimum of 24 hours)

Signature of Student _____

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Office Use Only

Request Taken by _____ Request Processed by _____

Date Processed _____ Comments _____

_____