

Final Transcript Request

Student Name:	Student ID #			
Counselor Name:	Birthdate:			
Please note that before this request will	be processed the	following steps mus	st be complete:	
Your transcript release authorizaYour graduation survey in Navia		<u>-</u>	elor	
Name and address of College or Agen	ncy to receive tra	nscript:		
Name				
Address				
Street	City	State	Zip	
www.actstudent.org or www.collegeboathe selected colleges or universities.		e not already sent yo		
Signature of Student	•	Signature of Parent/Guardian (required for students under 18)		
Return this form to the office of the Reg	gistrar, located in	the Dean's office.		
Final transcripts will no	ot be mailed unti	l after semester 2 g	<u>rades</u>	
have been	n posted, around	June 15 th .		
		For Office Us	se Only	
		Received On:		

to