

TRANSCRIPT REQUEST
Auburn High School

Name: _____
(please print) Last First M.I. Maiden

Graduation Year: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

SIGNED: _____ Date: _____

Request for transcript of coursework, grades, credits, grade point average and class rank

Check one:

____ To be provided to me in a sealed, marked envelope for:

Name of Institution

____ To be faxed Fax Number: _____

____ To be sent to:

Name of College/University or other Institution

To the attention of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

For Office Use Only:

Date transcript sent: _____ Signed: _____