



# TRANSCRIPT REQUEST FORM

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year of Graduation or Last Year in attendance: \_\_\_\_\_

I request my high school records be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Sparta School District to send my transcript to the above address.

\_\_\_\_\_

\_\_\_\_\_

Signature of Student

Date

Office use only:

Date Sent: \_\_\_\_\_

Method: \_\_\_\_\_ Mail \_\_\_\_\_ Fax

Official \_\_\_\_\_ Unofficial \_\_\_\_\_

Signature of Sender \_\_\_\_\_