

MILLENNIUM HIGH TRANSCRIPT REQUEST
PLEASE REQUEST 5 SCHOOL DAYS IN ADVANCE

IF YOUR TRANSCRIPT IS TO BE MAILED, PLEASE SUBMIT A STAMPED, ADDRESSED ENVELOPE FOR EACH TRANSCRIPT.

DATE OF TRANSCRIPT REQUEST _____

STUDENT NAME _____

DATE OF BIRTH _____ EMAIL _____

STUDENT ADDRESS _____

CITY, STATE AND ZIP CODE _____

PHONE NUMBER _____

CURRENT STUDENT GRADE _____ GRADUATION YEAR _____

NAME AT TIME OF GRADUATION IF DIFFERENT _____

NUMBER OF OFFICIAL TRANSCRIPTS _____ UNOFFICIAL TRANSCRIPTS _____

For tracking purposes and for our records, please tell us where you are sending your transcripts.

1. _____ 2. _____

3. _____ 4. _____

(Check here if transcripts are being mailed)

Please mail my transcript(s) to:

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature _____

Parent Signature _____

*****FOR OFFICE USE ONLY*****

DATE COMPLETED _____ BY _____

STUDENT PICKED UP _____ OR MAILED ON _____