

CHAFFEE HIGH SCHOOL REQUEST FOR OFFICIAL TRANSCRIPTS

1. Request form must have a signature, or it will not be processed.
2. A copy of parent or student photo ID must accompany the request form.
3. Please allow THREE full working days to process. Processing at the end of each semester will take longer.
4. Transcripts will NOT be released for students who have prior financial obligations to the high school.
5. All transcripts mailed directly to/or picked up by the student will indicate "Issued to Student."

Full Legal Name: _____ Previous last name: _____

Birthdate: _____ Phone Number: (____) _____ Email address: _____

Current address: _____

Current grade level: _____ or year graduated _____ Process Immediately ___ Process at end of current school year – final transcript

SIGNATURE: _____ (Must have **parent signature** unless student is 18 years old or older)

Send to: _____ Number of copies _____

Mail ___ Email ___ FAX ___ Pick Up Full Address, email address or FAX#: _____

Street address City State

Send to: _____ Number of copies _____

Mail ___ Email ___ FAX ___ Pick Up Full Address, email address or FAX#: _____

Street address City State

Send to: _____ Number of copies _____

Mail ___ Email ___ FAX ___ Pick Up Full Address, email address or FAX#: _____

Street address City State