



Official Transcript Request Form

Please complete the form and mail, fax or email to the address above.

| | | | | |
|--|---------------|---------------------------------------|--|-------------------------------|
| Last Name | | First Name | | Middle Name |
| | | | | |
| Maiden Name | Date of Birth | Graduation Year or Last Year Attended | | |
| | / / | | | |
| Address | | City, State, Zip Code | | |
| | | | | |
| Number of Copies Requested | Phone Number | E-mail Address | | |
| | () | | | |
| I request that my transcript be sent to the address below: | | | | Fee |
| | | | | First two copies – Free |
| | | | | Each additional copy – \$5.00 |
| | | | | Payment |
| | | | | • Cash – Exact Amount please |
| Comments, release info or additional mailing addresses | | | | • Check made payable to: |
| | | | | Harbor High School |
| | | | | For Office Use Only |
| | | | | Received: |
| | | | | Paid: |
| Signature | | Date | | Sent or Picked up: |
| | | / / | | Initials: |