



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		
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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: