



CORVALLIS HIGH SCHOOL

PO Box 700, Corvallis MT 59828

Phone: 406.961.3201 Fax: 406.961.4894

TRANSCRIPT REQUEST

If you are under the age of 18, a parent must complete this form.

Today's Date _____

Current Grade Level _____

Graduation Year _____

No of Copies _____

(Check all that apply)

- Please send my transcript Electronically if applicable
- Official Transcript
- Official Transcript **WITH** testing results
- Unofficial Transcript (for personal use)

Within one week of the receipt of this request, a transcript will either be mailed out or picked up in the office.

Please **PRINT** Your Legal Name

Last Name or Maiden Name	First Name	Middle Name
--------------------------	------------	-------------

Name of Where Transcript if Being Sent (University, College, or Scholarship)

Mailing Address (where transcript is being sent)

_____ Date of Birth	_____ Your Phone Number	_____ Email Address
------------------------	----------------------------	------------------------

Parent Signature (if student is under 18)

Student Signature (required)

Office Use Only

Date Received _____

Date Sent _____

Sent by _____