

STUDENT TRANSCRIPT

Emery Secondary School provides transcripts for its students upon request. Please complete the information requested below and submit it at the Front Office. All transcript requests will be processed within 7 business days.

Date of Request _____

Student Name _____

Last Name
First Name
Middle Initial

Date of Birth _____ Grade _____ Graduation year _____

Please indicate the type of transcript requested:

- Unofficial Transcript Official Transcript

Please indicate how and where the transcript should be delivered:

- I will return to pick it up. Please contact me when it is ready at _____
- Please mail it to me at the address below.

 Street Address

 City, State & Zip Code

- Please mail it to the colleges/career centers listed below.

Name of Institution	Name of Institution	Name of Institution
Department or Office	Department or Office	Department or Office
Street Address or PO Box	Street Address or PO Box	Street Address or PO Box
City, State & Zip Code	City, State & Zip Code	City, State & Zip Code

Please list the reason why you are requesting a transcript:

Printed Name of Requestor _____

Requestor's relationship to student: Parent Guardian Student Other _____

Requestor's Signature _____