

TRANSCRIPT REQUEST

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: (If transcript(s) is/are to be mailed out)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Last year attended at Champlain High School: \_\_\_\_\_

or Fellowes High School: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_

DATE TRANSCRIPT REQUESTED: \_\_\_\_\_

DATE TRANSCRIPT SENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_