



TRANSCRIPT REQUEST FORM

Contact Information:

Student Name: _____ Date of Birth: _____

Year of Graduation: _____ Parent or Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

1. What type of transcript do you want? (indicate the quantity on the line to the left)

_____ **Official:** this has the official school seal and signature and comes in a sealed envelope which must remain sealed. If you open it, it becomes unofficial.

Is this for the Common Application? YES or NO
(please circle)

_____ **Unofficial:** this is simply a record of courses taken at (or transferred into) Santiam, along with the grades and credits earned. It has the same information as the official, but does not carry the seal or signature which makes it official.

2. Where would you like the transcript to be sent?

I will not create a transcript if this area is left blank!

- _____ Have it delivered to me at school.
- _____ Mail it to my home address as listed in the student directory.
- _____ Upload it to my Common Application
- _____ Send it to the following address:

Attention: _____

School or agency name: _____

Street address: _____

Street address: _____

City, State, Zip _____

Please fill out a separate form for each address.

3. When would you like the transcript sent?

If this area is left blank, I will send it within 24 hours of receiving the request. If you want a transcript sent after a certain grading period, or after a certain date, please write that date below.

- _____ Send right away.
- _____ Hold this request and send on: _____

Student Signature: _____

Parent or Guardian Signature: _____

(Required if student is under 18 years old)