

Request for OFFICAL TRANSCRIPT

Please **PRINT** all information in ink:

STUDENT NAME _____ **STUDENT ID#** _____

STUDENT SS# _____ **BIRTHDATE:** _____

I authorize Aubrey High School to release my test scores (SAT, ACT, PLAN, PSAT, TAKS, etc.) along with my transcript. (If not checked, only course grades will be released.)

Student Signature

Date

Parent Signature (required if student is under age 18)

Date

Please check one:

Mail transcript to the following school (s)
(please list school names)

Pick up transcript

Special Instructions (if applicable)

Hold for fall grades

Hold for spring grades

Hold for graduation posting

Please Note: If you have a deadline date for a college application or scholarship application, you must **allow at least five (5) working days** in order to guarantee that you will get your transcript by the time you need it. The school will accept no responsibility for missed deadlines if you fail to allow for the five days.

(For office use only)

DATE PROCESSED _____

PROCESSOR'S INITIALS _____