



# Redan High School

## TRANSCRIPT REQUEST FORM

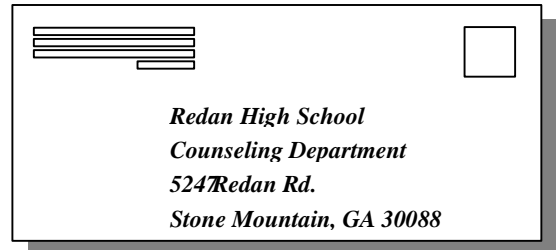
### INSTRUCTIONS FOR COMPLETING FORM:

1. Completely fill out the form.
2. Normal processing time is 3 -5 working business days from the date the request is received. Please allow additional processing time at the beginning and end of each semester.
3. Please provide a self addressed stamped envelope for each institution in which the transcript needs to be mailed. **(Transcript requests will not be mailed without the self addressed envelope)**

**PLEASE CHECK ONE OF THE FOLLOWING:**

OFFICIAL TRANSCRIPT

UNOFFICIAL TRANSCRIPT



Student's Full Name: \_\_\_\_\_  
First Middle Last

DOB: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Mail Transcript to: (Name and address of transcript recipient)**

1. \_\_\_\_\_  
Name of Institution Attention

\_\_\_\_\_  
Street Address City State Zip Code

2. \_\_\_\_\_  
Name of Institution Attention

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Student or Parent Signature Telephone Number Date

\_\_\_\_\_  
Date Mailed From Redan Initials