

# SCS Transcript Request Form

Students Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Student/Parent Signature: \_\_\_\_\_

Please specify type of transcript required:

- Official – Signed & placed in a sealed envelope (for college, scholarship, etc.)  
\_\_\_\_\_ (How many?)
- Unofficial – for parent/student information and/or use only  
\_\_\_\_\_ (How many?)

Please indicate where this transcript is going:

- To be picked up (by student or parent)
- To be mailed (please provide location and address below)

Location: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*To be completed by  
Guidance Dept.*

Date Request  
Received:

\_\_\_\_\_

(initial)

Given to Student or  
Mailed on:

\_\_\_\_\_

(initial)

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