

# C.K. MCCLATCHY HIGH SCHOOL

## TRANSCRIPT REQUEST

Please check transcript type:

\_\_\_\_\_ Un-Official \_\_\_\_\_ Official \_\_\_\_\_ Sealed Official \_\_\_\_\_ INCLUDE TEST SCORES

Student Name \_\_\_\_\_  
(Last) (First) (Middle initial)

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year of Graduation (or last year attended) \_\_\_\_\_

PLEASE ALLOW 48 HOURS FOR PROCESSING. TRANSCRIPTS OF THIS YEAR'S GRADUATES WILL BE MAILED BY THE END OF JUNE

- I WILL PICK UP
- PLEASE EMAIL
- PLEASE MAIL TRANSCRIPTS

(Transcripts will be addressed to the Admissions Office, unless, otherwise indicated)

1. NAME OF INSTITUTION OR PERSON:

\_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

ADMISSIONS EMAIL \_\_\_\_\_

2. NAME OF INSTITUTION OR PERSON:

\_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

ADMISSIONS EMAIL \_\_\_\_\_

I hereby authorize the release of my transcript to the above named institution, organization, or individual.

(Parent/Guardian signature is required if student has not graduated and transcript is being mailed out) \_\_\_\_\_

Parent Signature

\_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_\_\_

Student Signature