

Theodore Roosevelt High School
REQUEST FOR FINAL TRANSCRIPT

Date: _____

The school I plan to attend requires a final transcript. Please send grades and rank to the following college(s):

1. _____
College Complete address and zip
2. _____
College Complete address and zip
3. _____
College Complete address and zip

Date of high school graduation: _____

Student Name _____

Signature _____

Address Street City Zip Phone

Please leave this form with the Registrar, along with a stamped envelope (*stamps needed will be according to size and weight of envelope—usually two first class stamps are needed*) addressed to the college (*leaving the return address BLANK*) as soon as you know where you want the transcript sent. **Transcripts will not be sent without this request.**