

**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: _____

Printed Student Name _____ Student ID Number _____

Signature _____

Student 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.**