



TRANSCRIPT REQUEST

Date _____ [] Telephone [] In-Person

PLEASE PRINT.

Student's Name _____
Last First MI

Maiden Name (if applicable) _____

Social Security #: _____ - _____ - _____

Date of Birth _____ Year of Graduation _____

Name of School	Address
1)	
2)	
3)	
4)	

Please use reverse if additional space is needed

I, _____, hereby authorize Taos High School to release an official transcript of my high school academic record to:

Student's/Guardian's

Signature _____ Date _____

(Students under 18; parent/guardian consent is required if transcript is not to a college, university, or an accredited school.)

Contact Phone (In case of problem with request) _____

To be completed by Registrar:

Date Received _____ Date Mailed _____

Comments: _____