

AMBOY HIGH SCHOOL ACADEMIC TRANSCRIPT REQUEST

NAME OF STUDENT _____ PHONE # _____

YEAR OF GRADUATION or LAST DATE ATTENDED _____ D.O.B. _____

NAME USED WHILE ATTENDING AHS _____

STUDENT SIGNATURE

DATE

TRANSCRIPT SHOULD BE: (PLEASE MARK ONE)

_____ SENT TO THE ADDRESS BELOW

_____ I WILL PICK UP TRANSCRIPT FROM AHS IN PERSON OR I GIVE THE FOLLOWING PERSON PERMISSION TO PICK UP TRANSCRIPT ON MY BEHALF (Please print name clearly)

*NUMBER OF COPIES _____

*PLEASE MARK ONE: OFFICIAL COPY _____ UNOFFICIAL COPY _____

PLEASE SEND OFFICIAL TRANSCRIPT TO:

COLLEGE / OTHER _____

DEPARTMENT (Usually Office of Admission)

ADDRESS _____

CITY, STATE, ZIP _____

****Official Student Academic Transcripts will be stamped with the official seal of Amboy High School, stamped "Official Transcript", and placed in a sealed envelope.**

****Unofficial Student Transcripts will be stamped "Student Copy – Unofficial Transcript" and will not have an official Amboy High School seal.**

****There is no cost for this service. The above request to forward academic transcripts will be processed as soon as possible. Transcripts going directly to the student should be picked up at the high school office.**

----- *-Office use only -* -----

Date Transcript Request completed: _____

Date Mailed _____ -or- Date Picked Up _____

Received by _____ date _____