

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)

PLEASE SEND OFFICIAL TRANSCRIPT TO:

DEPARTMENT (USUALLY OFFICE OF ADMISSION)

COLLEGE / OTHER _____

ADDRESS _____

CITY, STATE, ZIP _____

Official student academic transcripts will be mailed and secured with the official seal of Amboy High School.

Transcripts handed to students 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

Received by _____ date _____