FINAL Transcript Request Form

Counselor Use Only:				
Received:				
Mailed:				

Date of Today	<i>J</i> :		
Student Name	ə:	Date of Birth:	_
Please check	all that apply. () Unofficial Transcript	() Official Transcript	
ACT, Officia	AP, HSA, etc.	st scores, including, but not limited to PSAT, SAT student at <u>www.collegeboard.com</u> . Official ACT s ent.org.	
Please print le	egibly, the <u>FULL</u> name and <u>COMPLETE</u> ac	ddress of college or other agency to which the tr	anscript
is to be sent.			
() Name:			
Address:			
Intended	Major:		
Student Signa	ature:	Date:	
Parent Signat	ture:	Date:	

I authorize Cambridge-South Dorchester High School to release a copy of my high school transcript which includes, but is not limited to my earned and attempted credits, cumulative GPA, class rank, current schedule and grades, attendance information, etc. to the above school or agency. I have indicated above if I would or would not like to include my tests scores with the related information.