

Northview High School
Request for Official Transcript

Student Name _____ Student # _____

Type or clearly print the complete address information for the college or university to which the official transcript is to be sent. A separate form must be completed for each school.

Circle (a), (b) or (c) Total Needed _____

(a) Mail to School (b) Give to Student (c) Scholarship

Name of College/University _____

Attention _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Signature _____ Date _____

Transcript requests must be returned to guidance.
Allow 2 days for transcript requests to be processed.

OFFICE USE ONLY

Transcript Mailed _____ Date _____ Transcript Given to Student _____ Date _____

Faxed _____ Date _____

Sent Faster _____ Date _____

Signature _____