Transcript Release

for former THS students

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with a

 (Print name – make sure you give maiden/different name if applicable)

Date of Birth of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, graduated or withdrew in \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I authorize the release of my

 Year of graduation/withdrawal

transcript to

 (Please print name & address of college, university, employer, etc.)

Please send my transcript by:

Mail to the above address

Email to:

 (Please print email address legibly)

FAX to:

(Please print fax number & contact person if applicable)

Unofficial transcripts can be released to the requestor.  Official transcripts can only be sent directly to the colleges, universities, employers, etc., upon your request.

 Date:

Signature