

STUDENT TRANSCRIPT REQUEST

Student must request transcript 7-10 days in advance of the desired mailing date

Be sure to check whether the deadline date stated is the postmark date or when the institution expects to receive it.

Name _____ Date _____
(please **print** full name)

Student Signature _____

Graduation Date (M/Y) _____

Destination of Transcript:

Attention To: _____
College/Organization _____
Street Address _____
City/State/Zip _____

List any additional item(s) that need to be included with the transcript:

Delivery method:

_____ please mail to above address

_____ pick up (Please note: Colleges will not accept your transcript as 'official' unless it is in a sealed envelope from Malcolm Public Schools.)

For Office Use Only

_____ Counselor's Report Completed if needed
_____ Request Given to Registrar
_____ Date Transcript Sent / Returned to Student