TRANSCRIPT REQUEST FORM

Student's Last Name _____ First Name _____ M.I. _____

Name under which you attended Prep Charter High School _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ E-Mail Address _____

Signature Authorizing Release _____ Date _____

Transcript Type:

☐ Official w/S.A.T Scores ☐ Official Transcript Only ☐ Unofficial Transcript

Please send copies to: (Print recipient's name and address below)

_____

_____

_____

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Please note that 48 hours notice is required (2 working days). However during the summer, the opening and closing of school and holiday breaks there will be delays.

For Office Use Only:

Date Requested:_____ Date Sent:_____ Initials:_____