

TRIWAY HIGH SCHOOL

TRANSCRIPT REQUEST – CURRENT STUDENT

Please allow 1 week for processing of transcripts. Complete this form and return it to the guidance office. All requests must be made in writing.

I give permission to release my (son/daughter's) high school transcript which includes grades, credits, class rank and test scores.

Student Name: _____ Triway Lunch # _____

FOR COLLEGE ADMISSIONS

Please mail my transcript directly to the following college(s)

Due date(s) _____

FOR OTHER TRANSCRIPT NEEDS

Number of transcripts needed _____

Student will pick up transcript from counselor OR transcript can be emailed to you

your email address

Need by date _____

Parent's Signature (or student if 18)

Today's Date

Return to the guidance office or email to Mr. Reith at jreith@triway.us