



## TRANSCRIPT REQUEST FORM (former students only)

In order to release a student transcript, it is University Prep policy to have appropriate permission on file. Please complete this form, and return it to our registrar by drop-off, postal mail or fax 206.525.9659.

Student \_\_\_\_\_ Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

Addr \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade Level \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

### For students under 18 years of age, parent or guardian signature is required:

I hereby give permission for my daughter's/son's transcript to be released.

\_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian signature

### For students 18 years of age or older:

I hereby give permission for my transcript to be released.

\_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Student signature

**Requesting:** Quantity \_\_\_\_\_ Official Transcript(s) – signed & sealed envelope

Quantity \_\_\_\_\_ Unofficial Transcript(s) – unsigned & unsealed envelope

### Transcript(s) should be released in the following manner (check one):

\_\_\_\_\_ Held in University Prep's main office for pick-up

\_\_\_\_\_ Mailed to home address above, *or fax*: Attn \_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ Mailed to school address above, *or fax*: Attn \_\_\_\_\_ Fax # \_\_\_\_\_  
(if multiple copies are being requested, please list all names/addresses on page 2)