

TRANSCRIPT REQUEST FORM

Bring your completed application and all supporting documents including application fee and counselor signature page if required, to your guidance counselor for review. Allow 2-4 days for internal processing and an additional 5-7 days for mail delivery.

For: _____ **Year of Graduation** _____

Student name

I grant permission to Prairie Ridge High School to release my transcript
(which includes Grades, GPA, and Class Rank) to:

Name of College, University or Scholarship

Address of College, University or Scholarship

City

State

Zip Code

Date: _____ **Student signature** _____

_____ Applied on line

_____ Application attached

_____ Counselor Signature page attached

_____ Scholarship attacheds

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