

Date Mailed: \_\_\_\_\_  
(for office use only)

## Transcript Request Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date Needed: \_\_\_\_\_

For:  Student (unofficial only)       College/University

1. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give Argyle High School permission to release my ACT/SAT and any other test scores I may have.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_