

# Hoop Valley High School

## Transcript Request Form

REQUESTED BY:

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

Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

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

Current Phone: \_\_\_\_\_

I want to pick up my transcripts. Transcripts may be picked up in person in the Counseling Office, which is now located in the front office. We are open Monday-Friday 8:00-4:30.

I want my transcripts to be sent, faxed, and/or e-mailed.

I, \_\_\_\_\_, give Hoopa Valley High School permission to send \_\_\_\_\_ copies of my official transcript to the name and address identified below.

ADDRESS TRANSCRIPTS SHOULD BE SENT, FAXED, AND/OR E-MAILED:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date