

Johnstown-Monroe High School

Transcript Request Form

One form for each college/employer requested

Student Name _____ Today's Date _____

Graduation Year _____

Student Address _____

City _____ State _____ Zip Code _____ Phone _____

____ I give permission for my official high school transcript to be mailed to the following college and/or employer.

____ I give permission for ALL of my ACT/SAT scores as well as AIR and OGT scores to be sent to the college or employer listed below.

____ I give permission to mail special education testing requests as well as a copy of my Individualized Educational Plan (IEP).

Student Signature _____ Date _____

Parent Signature _____ Date _____

(if student is under 18)

Please fill out the section below. Please fill out a form for each college or employer you are requesting your transcript to be sent to. Transcripts are processed within 24 hours of the request. Friday requests will be processed the following school day.

Name of College/Employer _____

Mailing Address of College/Employer _____

Fax Number (if necessary) _____

*Please make sure you fill out a Transcript Request form especially if you apply to a college online. The Guidance Office is NOT notified that you have applied. It is up to the student to fill this form out and return it to the Guidance Secretary so the transcript can be mailed promptly.

** Official ACT and SAT scores must be sent to the college directly from the testing agency.

www.act.org for ACT Scores

www.collegeboard.org for SAT Scores

Office use only

Date mailed _____

Added to spreadsheet _____