



Ganado High School TRANSCRIPT REQUEST FORM:



Requesting: _____ Official Transcript _____ Personal Copy
(How many?) (How many?)

Name of Person requesting: _____

Relationship to student: _____

Address: _____

Phone #: _____

Student Name: _____
(Maiden Name)

D.O.B.: ____/____/____ Year of Grad: _____ Grade: _____

last date(s) of attendance: _____

Did you take an ACT test: Yes _____ No _____

For an Official Transcript – Person and address to send to:

Office use only

___ Picked-up ___ Sent by School ___ Fax# _____

Registrar: _____ / ____ / ____