

# TRIWAY HIGH SCHOOL

## TRANSCRIPT REQUEST – CURRENT STUDENT

Please allow 1 week for processing of transcripts. Complete this form and return it to the guidance office. All requests must be made in writing.

I give permission to release my (son/daughter's) high school transcript which includes grades, credits, class rank and test scores.

Student Name: \_\_\_\_\_ Triway Lunch # \_\_\_\_\_

### **FOR COLLEGE ADMISSIONS**

Please mail my transcript directly to the following college(s)

\_\_\_\_\_  
\_\_\_\_\_

Due date(s) \_\_\_\_\_

### **FOR OTHER TRANSCRIPT NEEDS**

Number of transcripts needed \_\_\_\_\_

Student will pick up transcript from counselor OR transcript can be emailed to you

\_\_\_\_\_  
your email address

Need by date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (or student if 18)

\_\_\_\_\_  
Today's Date

Return to the guidance office or email to Ms Mitchell at [trwy\\_mitchel@tccsa.net](mailto:trwy_mitchel@tccsa.net)