

Castle High School Transcript Request Form

****For scholarships or to be released to the student****

Please list the name of each scholarship that you are requesting a transcript for, if applicable.
Please allow up to **5 business days** for processing.

Student: _____ 1st Period Teacher: _____

Number of Transcripts requested: _____

If we are submitting the scholarship and the transcripts for you, please provide the address for each scholarship below or indicate when you will pick them up.

Scholarship Name: _____

Mailing or Email Address: _____

OR Pick up date _____

Scholarship Name: _____

Mailing or Email Address: _____

OR Pick up date _____

Scholarship Name: _____

Mailing or Email Address: _____

Or Pick up date _____

Scholarship Name: _____

Mailing or Email Address: _____

Or Pick up date _____

***IF, we are submitting any of the scholarships, the student is responsible for providing us with all other required documents and information.**

Please attach the \$1 fee for each transcript.

Office Use Only

Date Received: _____

Date Mailed/Picked up: _____