OFFICIAL TRANSCRIPT REQUEST

HIGHLAND HIGH SCHOOL

2166 South 1700 East Salt Lake City, Utah 84106 Phone: (801) 484-4343 Fax: (801) 481-4922

PLEASE PRINT CLEA	RLY:			
Student #:		<u></u>	Date:	
Grade or Graduation Year	r:		Phone #:	
Name:Last			Date of Bi	rth:
Email Address:				
PURPOSE OF TRANSC	CRIPT:			
Admission to college / university		The Dream Act		
Scholarship application		Personal use (Official Copy)		
Athletic purposes		_	Personal use (Un-official Copy)	
Other *:			Other *:	
MAIL OFFICIAL TRAI	NSCRIPT TO:			
University of Utah	·	Salt Lake Commu	nity College	Dixie State College of Utah
Brigham Young University (Provo, Idaho, Hawaii)		Utah Valley Univ	ersity _	LDS Business College
Weber State Unive	ersity	Southern Utah Ur	niversity _	Stevens-Henager College
Utah State Univers	sity	Snow College	_	Other *
Westminster Colle	ege	College of Eastern Utah		
* Other 1.	College/University Person or Departm			
				Zip:
Please include AC	T / SAT scores with	n transcript.		
✓ All rec ✓ Mail y ✓ PLEA	quests must be compour requests to the a	pleted, signed and dated above address attention VEEKS FOR PROCES cial transcript in sealed	Registrar: Kerry Ha SSING.	ardy
			- '	
	iven my counselor	additional application	forms which need	s to accompany this transcript.
				• •
I authorize Highland High	_		_	
Student Signature:			Date:	
		OFFICE USE C	ONLY:	
Received:		Processed:		Initials: