



## Transcript or Health Record Requests

**Please answer the following questions if you are requesting transcripts sent to a college, for a GED or a personal copy. Charges for transcripts are: \$3.00, and \$5.00 for health records.**

Name \_\_\_\_\_

Graduation date if already graduated \_\_\_\_\_

Date of birth \_\_\_\_\_ Personal copy \_\_\_\_\_ Yes \_\_\_\_\_ No

Official copy for a college \_\_\_\_\_ Yes \_\_\_\_\_ No

Where do you want your transcript sent? Please include name of college or your name if requesting a personal copy, and address if possible. **If requesting a personal copy, please include a copy of your valid driver's license, or ID.** \_\_\_\_\_

\_\_\_\_\_

Phone number to contact you \_\_\_\_\_ Email Address \_\_\_\_\_

Do you need a copy of your health record? \_\_\_\_\_

Phone number to contact you \_\_\_\_\_ Email address \_\_\_\_\_

**Please answer the following questions if you need a copy of your health record and immunization record.**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone number to contact you \_\_\_\_\_ Email address \_\_\_\_\_