

FRANKLIN HIGH SCHOOL ALUMNI TRANSCRIPT or REPLACEMENT DIPLOMA REQUEST

1. Please complete this form in black ink and **sign** it.
2. Need gov't issued photo id (driver license, passport, or military).
3. Allow at least **3 days** for processing transcripts.

Name (while enrolled) _____

Student ID# _____ Date of Birth _____ Graduation Year _____

Contact info (cell # & e-mail): _____

Transcripts - \$5 each:

- Electronic** (directly to school or employer – no 3rd-party service/vendor & not to your personal e-mail)

Name of school or business _____

E-mail address to send to: _____

& / or upload to: **NCAA** or **NAIA** (must first be registered with either to send)

- Mail transcript** (Complete & accurate address below)

Name of School or Business _____

Department _____

Address _____

City, State, Zip code _____

- Pick up** copy/copies of the transcript. (photo ID required for pick up)

Name of person picking up if **other** than student _____

Total number of transcripts _____

- Replacement Diploma** - \$25 with a 4-6 week lead time

.....
I hereby authorize the release of my transcript.

_____ Date _____

Alumna/Alumnus **Signature**

Payment can be made by cash or card. Card payment is available through the Franklin HS webstore.
Transcripts that have not been picked up within 30 days will be destroyed and no refunds or replacements will be issued.

For office use only

Id verified _____ Paid _____ Student id# _____ Grad/Left Date _____

Date processed _____