

# FRANKLIN HIGH SCHOOL OFFICIAL TRANSCRIPT REQUEST

1. This form is for **current students only**.
2. Please complete this form in **black ink** and have it signed by your parent/guardian.
3. Allow **at least** three days for processing this request.
4. **FINAL** Transcripts (with **graduation date**) will be sent out by the end of June. **Keep in mind that many colleges do not post final transcripts received until after July 15<sup>th</sup>.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID# \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

- Electronic** (directly to school – **no** 3<sup>rd</sup>- party service or vendor)  
Name of School: \_\_\_\_\_  
**e-mail address** to send to: \_\_\_\_\_  
& / or upload to:  **NCAA** or  **NAIA** (must first be registered with either to send)

- For my Counselor to submit electronically** through **Common App** or **Send Edu**  
Counselor's last name \_\_\_\_\_ (not an option for final transcript)

- Mail transcript** directly to the school. (Please provide **complete & accurate** address below)

Name of School \_\_\_\_\_

Department (Admissions) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

- Student or parent/guardian will **pick up** the copy/copies of the transcript. E-mail address for scheduling appointment: \_\_\_\_\_ (**photo ID** required for pick up)

**Total** number of transcripts \_\_\_\_\_  **Current** or  **Final** School **Deadline** \_\_\_\_\_

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I hereby authorize the release of my student's transcripts to the above-named institution or to my child.

\_\_\_\_\_  
Parent/Guardian signature  
(**Student signature if 18 or over**)

Date \_\_\_\_\_

**Two final senior transcripts** will be provided for each senior upon request in the months of May or June of graduation year.

Transcripts that have **not been picked up within 30 days** will be destroyed and no refunds or replacements will be issued.