Transcript Request

Student Name_____

Students will be given official transcripts in a sealed envelope. Transcripts should be picked up in the Guidance Office. **It is the STUDENT'S responsibility to pick up transcripts, address AND mail them.**

I give permission for the Johnston High School Guidance Office to issue transcripts when requested by my student or myself.

_____ _____

Signature of parent (valid until student turns 18) Date

Date student turns 18: _____, 20____

_____ _____

Signature of Student Date

Instructions: Complete the first column. Give to Guidance Secretary. Allow 3-4 days for processing. Student will be paged to Guidance Office once completed. At that point, sign for it. Only one form per student is needed. Form will be kept in student's file for future requests.

Transcript will be used for: (college name, scholarship)	**Signature when transcript is picked up**	**Date picked up**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____