TRANSCRIPT REQUEST

FAIRVIEW HIGH SCHOOL

Today’s date - _____/_____/_____

Print your full name_______________________________________

Maiden Name__________________________________

________ Year of graduation

Phone number where we can reach you_____________________________

☐ Applied through Common Application or SENDedu (do not attach $2.00)
☐ Unofficial Copy
☐ Pick up official Copy (signed and sealed-attach $2.00)
☐ Send an official copy of my transcript (attach $2.00)
  (Test scores and immunization records not included)

College/Scholarship Deadline______________________

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Name of College/University____________________________________

City and State of College/University_________________________

Name of College/University____________________________________

City and State of College/University_________________________

Student signature____________________________________

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*************** Do not write below this line ******************

Date Completed___/___/_____ Date Mailed_________________________