CRAVEN COUNTY SCHOOLS

ACADEMIC TRANSCRIPT REQUEST FORM

Revised 3/11/10

School
Date mailed:
Request sent to Student Record Ofc.
Date

Requesting a High School Transcript be sent to the individual requesting their transcript do our best to fulfill the request within 24 to 4 at this time requires the schools to sign the transcript and therefore are not accepted by the colleges. Including the addresses of Colleges or arrange copy. We only accept the exact amount of case Public School last attended in Crave	8 hours. Receiving nscript and stamp. Please provide to with the school to the money orders PLEASI on County:	ng schools do not accept the outside of the enve the address where you ver to pick-up the transcript or checks. Make check E PRINT	t a transcript unk lope. Faxed copi would like the tra . There is a \$2.0 payable to the H	ess it is certified which es can not be certified inscript mailed of processing fee per igh School.	
Year of Graduation: or Year and/or grade of last attendance:					
Name on transcript: First	Mi	iddle	Last		
<u>[</u>	irth: Month	Day Ital	Military I	t of conies	
Purpose of Transcript: Job ID_	College _	Personal I	YLUITAI Y 1		
Current mailing address: Name: First				Last	
First		Middle /Maio	160	,	
Address:P.O. Box	Apt. Hous	e Number	Street		
C	lity	State		Zip Code	
Daytime telephone number:			-		
Mail transcript to: (list additional addresses on back)				·	
Signature (Must be person whose name i	is on the transci	ript) Date			
Signature of School Official		I.D. Shown	Fee Paid	Date	