

# Crossett High School Transcript Request/Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(please print)

Have you graduated? Yes \_\_\_ No \_\_\_

If yes, what year? \_\_\_\_\_ If no, what was the last grade you completed? \_\_\_\_\_

**Authority is hereby granted to Crossett High School for the release of my high school transcript.**  
(There is a \$2.00 fee per copy, cash or check payable to Crossett High School)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Official \_\_\_ Unofficial \_\_\_ How many copies? \_\_\_\_\_

\_\_\_\_\_ I will pick it up personally

\_\_\_\_\_ I would like it mailed to the following address:

\_\_\_\_\_  
College, Agency, or Individual

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Stated Zip

Please allow 48-72 hours for completion.

How may we contact you for notification of completion?

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Completed