OFFICIAL TRANSCRIPT REQUEST

HIGHLAND HIGH SCHOOL
2166 South 1700 East • Salt Lake City, Utah 84106
Phone: (801) 484-4343 ext. 201 • Fax: (801) 481-4922
Kerry.Hardy@slcschools.org

During the months of June & July please send requests to: Audrey.Hall@slcschools.org

PLEASE PRINT CLEARLY:

Student #: _____ Date: _____

Grade or Graduation Year: _____ Phone #: _____

Name: _____ Date of Birth: _____
Last **First** **Middle**

Email Address: _____

PURPOSE OF TRANSCRIPT: Total Number of Transcripts Ordered: _____

___ Admission to college / university
___ Scholarship Application
___ Athletic purposes
___ Other *: _____

___ The Dream Act / Deferred Action more info
___ Personal use (Official Copy)
___ Personal use (Un-official Copy)
___ Other *: _____

MAIL OFFICIAL TRANSCRIPT TO:

___ University of Utah
___ Brigham Young University (Provo, Idaho, Hawaii)
___ Weber State University
___ Utah State University
___ Westminster College
___ Salt Lake Community College
___ Utah Valley University
___ Southern Utah University
___ Snow College
___ College of Eastern Utah
___ Dixie State College of Utah
___ LDS Business College
___ Stevens-Henager College
___ Other *

(It is NOT necessary to list the addresses for the Utah colleges/universities listed above.)

*** Other** 1. College/University: _____
Person or Department: _____
Address: _____
City: _____ State: _____ Zip: _____

___ Please include ACT / SAT scores with transcript.
Please Note: AP scores can be ordered from http://www.collegeboard.org/

___ Please include IB Transcript

- ✓ All requests must be completed, signed and dated to be processed.
- ✓ Mail, Fax, or Email your requests Attn: Kerry Hardy, Registrar
- ✓ **PLEASE ALLOW 1-2 WEEKS FOR PROCESSING.**

- ◆ ___ Will pick up in person (Official transcript in sealed envelope).
- ◆ ___ Please mail by deadline of: _____
- ◆ ___ **I have given my counselor additional application forms which needs to accompany this transcript.**

I authorize Highland High School to release a copy of my transcript.

Student Signature: _____ Date: _____

OFFICE USE ONLY:

Received: _____ **Processed:** _____ **Initials:** _____

The Salt Lake City School District does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities.