

O. H. Platt High School

REQUEST FOR TRANSCRIPTS:

DATE OF REQUEST: _____

Name: _____

Year of Graduation: _____

Maiden Name: _____

Date of Birth: _____

TRANSCRIPT TO BE SENT TO:

Name of Institution: _____

Address: _____

City, State, Zip: _____

Transcripts will be sent by the counseling department within two weeks from the receipt of this request.

() If you wish us to send an UNOFFICIAL record of your S.A.T. or Achievement Test Scores, please check this box. NOTE: Although some institutions will accept unofficial S.A.T. scores, most require that the scores be sent directly by the College Board in Princeton, New Jersey.

Present Address: _____

Signature: _____ Phone Number _____