



FRHS Request for Official Transcript

First & Last Name: _____ ID# _____

Transcript Request is for: (Please Check All that Apply)

College _____ Scholarship _____ NCAA _____ Coach _____ Other _____

Please list Common App schools in the left column.

Common App Schools:

Colleges (Not applied to through Common App)

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

4) _____

4) _____

5) _____

5) _____

Suppress Test Scores? YES / NO (circle one please)

Please take this form to the Fees Window to pay for the official transcripts to be sent.

- Official Transcripts are \$3.00 per transaction.

I authorize the Fossil Ridge High School Counseling Office to send a transcript of my high school record and any supportive documentation that is requested to include the following information: grades, attendance, weighted and unweighted cumulative average, and standardized test scores that have been sent to Fossil Ridge High School, i.e. SAT I, SAT II, Subject Tests, ACT and AP results to the following named educational institutions, firms, organizations, or individuals. I understand that, should any institution, firm, organization, or individual request information regarding discipline, my signature below also authorizes the counseling office to release details only from my official discipline record. ***Please allow two weeks for your request to be processed, sent & received.***

Parent/Guardian Signature (Required by law if student is under the age of 18)

_____ **Date** _____

Student Signature (Required by law if the student is 18 or older)

_____ **Date** _____

Office Use Only

Date received in College
& Career Center:
