



ZCHS School Counseling Department Transcript Request Form

Last Name: _____ First Name: _____ MI: _____

Previous Name (if applicable, name at time of graduation): _____

Date of Birth: _____ Graduation Year: _____

Please note that Zionsville High School utilizes Parchment to send electronic transcripts. Parchment enables the secure, rapid exchange of electronic transcripts among schools and universities/organizations. A paper transcript can be provided by completing our *Transcript Request Form*. If rank is needing to be released, students must also complete a *Rank Release Form*.

Transcripts requests will be processed within three working days.

I NEED THE FOLLOWING INFORMATION FROM THE COUNSELING DEPARTMENT:

_____ UNOFFICIAL TRANSCRIPT TO BE PICKED UP: QUANTITY _____

_____ UNOFFICIAL TRANSCRIPT TO BE EMAILED TO: _____

_____ OFFICIAL TRANSCRIPT TO BE PICKED UP: QUANTITY _____

_____ OFFICIAL TRANSCRIPT TO BE MAILED TO THE ADDRESS BELOW: QUANTITY _____

Use the space to the right to indicate the mailing address where the transcript(s) should be sent. A self-addressed stamped envelope must be provided for each transcript needing to be mailed. Write legibly.

Recipient Name & Address for Transcript Delivery

PURPOSE OF TRANSCRIPT REQUEST

___ Employment Opportunity ___ Insurance ___ Personal Copy ___ Athletics
___ College Admissions/Application* ___ Dual Credit ___ Scholarship Other: _____

SIGNATURE: _____ Date: _____

Parent Signature if student is under the age of 18: _____

*ZCHS will process electronic transcripts via Parchment starting the last week in August.

OFFICE USE ONLY		
Date Received: _____	Date Completed: _____	Date Mailed: _____