



STEWARTS CREEK HIGH SCHOOL  
TRANSCRIPT REQUEST FORM

STUDENTS SHOULD RETURN TO THE COUNSELING OFFICE TO PICK-UP COMPLETED TRANSCRIPTS, WHICH WILL BE IN A SEALED ENVELOPE. PLEASE ALLOW 24 HOURS FOR REQUEST TO BE PROCESSED.

YOU MAY ORDER MORE THAN ONE TRANSCRIPT ON THE SAME FORM BY INDICATING THE NUMBER OF TRANSCRIPTS YOU NEED IN THE APPROPRIATE SPACE. ALL ACT SCORES WILL BE INCLUDED WITH THE SEALED TRANSCRIPT

**\*\*TRANSCRIPT MUST REMAIN SEALED AND SHOULD BE MAILED DIRECTLY TO THE UNIVERSITY OR WITH SCHOLARSHIP APPLICATION BY THE STUDENT. IT IS THE STUDENT'S RESPONSIBILITY TO MAKE SURE TRANSCRIPTS ARE MAILED, THE COUNSELING OFFICE WILL NOT MAIL TRANSCRIPTS\*\*** TRANSCRIPTS MAYB BE PICKED UP IN THE COUNSELING OFFICE BETWEEN THE HOURS OF 8AM AND 3:30PM.

**\*\*\$1.00 PROCESSING FEE (PER TRANSCRIPT) IS DUE WHEN THE TRANSCRIPT IS ORDERED\*\***

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_ GRADUATION YEAR \_\_\_\_\_  
NUMBER OF TRANSCRIPTS REQUESTED \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:  
ACT DATES & COMPOSITE SCORES INCLUDED IN TRANSCRIPT:

DATE: \_\_\_\_\_ COMPOSITE: \_\_\_\_ DATE: \_\_\_\_\_ COMPOSITE: \_\_\_\_ DATE: \_\_\_\_\_ COMPOSITE: \_\_\_\_

DATE RECEIVED: \_\_\_\_\_ FEES COLLECTED: \_\_\_\_\_