



Nye County School District

Request for Transcript or Records

REQUEST FOR HIGH SCHOOL ACADEMIC TRANSCRIPT PLEASE PRINT LEGIBLY AND PROVIDE ALL REQUESTED INFORMATION

Student Information

Name:		Current Grade:	(if applicable)
DOB:		Graduation Year:	(or final year of attendance)
Phone:		Email:	

Date when transcripts are needed:	(three business days notice required)		
Do you need these mailed <u>after</u> the current semester grades post?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Official Transcript	OR	<input type="checkbox"/> Unofficial Transcript	How many copies?

What do you want included on your transcript?
<input checked="" type="checkbox"/> Academics (default)
<input type="checkbox"/> ACT Score
<input type="checkbox"/> Immunization Record

<input type="checkbox"/> Pick Up	Who will pick them up:
<input type="checkbox"/> Mail To	Organization Name:
Attention/Department:	
Address:	
City/State/Zip:	
Phone Number:	
<input type="checkbox"/> Fax/Email:	
Attention/Department:	

Student Signature*		*Required
Date		
Parent/Legal Guardian Signature**		
Date		

**Required for any student under 18 requesting an official transcript

Completed:		
	Date	Initials