



COLLEGE STATION HIGH SCHOOL

CURRENT STUDENT TRANSCRIPT REQUEST

STUDENT NAME: _____
Last Name First Name M.I.

GRADE: _____ **ID #** _____

OFFICIAL SEALED TRANSCRIPTS ARE \$2.00

_____ **OFFICIAL SEALED TRANSCRIPT** to be picked up by student _____ # of copies

_____ If for **SCHOLARSHIP**, check if you need ACT and/or SAT scores included with Transcript.

_____ **OFFICIAL SEALED TRANSCRIPT** to be MAILED

1. _____
Name of College/University

2. _____
Name of College/University

3. _____
Name of College/University

4. _____
Name of College/University

PLEASE ALLOW 2 DAYS FOR PROCESSING *Initials* _____

STUDENT SIGNATURE

DATE

PLEASE RETURN TO THE COUNSELING OFFICE

DATE RECEIVED: _____
DATE PROCESSED: _____
AMOUNT DUE: _____
DATE PAID: _____
RECEIVED BY: _____