



NOGALES HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Date: _____

Students Name: _____ DOB: _____

ID#: _____ Active: Yes No Grade: _____
Circle One

Year of Graduation: _____ Phone Number: _____

(PURPOSE) Name of School, Scholarship, etc

Street Address of School or Scholarship (only if it will be mailed)

City

State

Zip Code

Above student requests that his/her transcript of grades be handled in the following method:

_____ Give an official copy to _____ in a sealed envelope or no envelope.
Counselor's Name Circle One

_____ Give an official copy to above student of his/her transcript in a sealed envelope.

_____ Give an unofficial copy to above student of his/her transcript.

_____ Mail an official transcript of above student

_____ Give to _____

I, the undersigned hereby authorize the release of the transcript of grades for the above named student

Signature of Parent (if student is under 18)

Signature of Student (if student is 18 or older)

PLEASE TURN IN COMPLETED FORM TO LUPITA RUIZ, REGISTRAR

Date Transcript was mailed or released: _____
Completed by Registrar