

Graduate Transcript Release Form
Cost per transcript - \$3.00

Print the following information:

Today's Date: ____/____/____

Date of Graduation: _____

Student Name: _____
Last Name First Name M.I.

DOB: ____/____/____ **Phone:** _-_- -_-_- -_-_-

Email: _____

I authorize Laurel High School to send a transcript or any official information from the cumulative record to the college, university, or scholarship listed below

SIGNATURE: _____

Mail

Address to Send Transcript

Office/Department: _____

Name of School/Organization: _____

Street: _____

City/State/Zip-code: _____

Pick-Up

Return Date: _____

Person to pick-up: _____

Date Completed: _____