

# REQUEST FOR OFFICIAL TRANSCRIPT

Mitchell High School

Date of Request: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Name and Full Address of Institution to receive my transcript:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Former students over the age of 18 must request transcripts themselves. Mitchell High School MUST mail or fax the Official Transcript to a College, University or Employer. Please allow at least 24 hours to complete your request. \*\*ACT Scores will be included if available.