

St. Charles East High School

Transcript Request Form
(Current Student)

To be sent: Now _____ 7th Semester _____ After Graduation _____

Name: (Please Print): _____

Student I.D. Number: _____

Year of Graduation: _____ Birth Date: _____

_____ **Send Official Transcript** _____ **Pick-up Official Transcript**

_____ **Send Unofficial Transcript** _____ **Pick-up Unofficial Transcript**

(Note: An official transcript is signed and sealed by the registrar and remains official until opened by recipient)

Send Transcript To: _____

(Address)

(Street)

(City)

(State)

(Zip)

Requested By: _____ Date: _____
(Student/Parent Signature)

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot again be given to any other agency or person by the recipient without my written consent. I also understand that the information released may only be used for the purpose itemized above.

NOTE: ACT/SAT scores must be ordered DIRECTLY from the testing center. SCE does not release these scores.

For Office Use Only:

Counselor's Name _____

Counselor: Date Received: _____ Date Forwarded: _____

Registrar: Date Received: _____ Date Mailed: _____ Fee Paid: _____