



REQUEST FOR HIGH SCHOOL TRANSCRIPT

Please print all information legibly so request can be properly processed.

I am authorizing the release of my Paris High School Transcript.

Name (AT GRADUATION): _____

Date of Birth: _____

Phone Number: _____

Year of Graduation: _____

Year of Withdrawal if did not graduate from PHS _____

Please release my official transcript to: (Please include name, address, phone number and email address if possible)

I would like an unofficial transcript faxed to: _____

Signature: _____ Date: _____

Please return this form to the Paris High School Office.