



Official Transcript Request Form

Please complete the top portion of the form including Parent Authorization for Release of Records. Give this form to the appropriate person (registrar, secretary, teacher, or principal) at your current school.

Authorization for Release

Student _____
Last Name First Name Middle Name

Date _____

Parent/Guardian _____
Last Name First Name

Phone _____

Name of Current School _____

Phone _____

Address of School _____
Street Address City State Zip

Parent Authorization for Release of Records and Recommendations

The undersigned hereby consents to release all education records about the above-named student, including recommendations and other information as may be requested, to Garces Memorial High School.

Signature of Parent or Guardian _____ Print Name _____ Date _____

Transcript Record

Subject	GRADE 6 (if available)		Grade 7		Grade 8
	1 st Semester	2 nd Semester	1 st Semester	2 nd Semester	1 st Semester
English					
Literature					
Social Studies					
Science					
Foreign Language					
Mathematics					

Full year of Algebra? Check one: _____ Grade 7 _____ Grade 8 8th grade GPA _____

IEP

Please include any other information that will help us evaluate this student's academic ability or interpret test scores:

Signature of School Official _____ Print Name _____ Title _____ Date _____