

# CURRENT STUDENT TRANSCRIPT REQUEST

*All requested information must be filled in or transcript may be delayed*

Bring your completed application and all supporting documents including application fee, if required, to your guidance counselor for review. Allow 2-4 days for our processing and an additional 5-7 days for mail delivery.

I, \_\_\_\_\_, Class of 20 \_\_\_\_\_ hereby grant full permission to Marengo High  
(PRINT name of student)

School to release my transcript to:

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Name of: school/organization/individual/agency to receive transcript

Check where applicable:

Scholarship. Please contact me when ready.

Unofficial copy for my use. Contact me when ready.

Application attached

Applied online

Student Pick-up

Date applied: \_\_\_\_\_

Send ACT scores

**Please MAIL transcript to:  
(full address required)**

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Signature of student

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Date