

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:

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

Date applied: _____

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

Signature of student

Date