

OFFICIAL TRANSCRIPT REQUEST

EAST HIGH SCHOOL COUNSELING CENTER

840 South 1300 East
Salt Lake City, Utah 84102-3716
Phone: (801) 584-2923 Fax: (801) 584-0189
carolyn.smith@slcschools.org

PLEASE PRINT CLEARLY:

Date: _____

Student #: _____

Grade or Graduation Year: _____

Name: _____
Last First Middle

Phone: _____ Birth Date: _____

PURPOSE OF TRANSCRIPT:

- ____ Admission to college/university
____ Scholarship application
____ Personal use

MAIL TRANSCRIPT TO:

- ____ Church Education System (BYU Provo, Idaho, Hawaii & LDS Business College) ____ University of Utah
____ Dixie State University ____ Utah State University
____ Salt Lake Community College ____ Utah Valley University
____ Snow College ____ Weber State University
____ Southern Utah University ____ Westminster College
____ Other *

I authorize East High School to release a copy of my transcript.

Student Signature: _____

____ Please include ACT / SAT scores with transcript.

- If **official** test score reports are required, contact: www.actstudent.org or <http://sat.collegeboard.org>.
- **Please note: AP scores can be ordered from <http://www.collegeboard.org/>**

- ✓ All requests must be complete and signed.
- ✓ Fee: All official transcripts are **\$1.00 per copy.**
- ✓ You may pay the registrar at the time of request,
- ✓ Or mail your request with payment to the above address (attention: Registrar),
- ✓ Or make payment to the treasurer or Book Store (B404) and attach your receipt to the transcript request.
- ✓ Please **allow ONE WEEK** for processing.

(It is NOT necessary to list addresses for the Utah colleges/universities listed above.)

- * Other:
1. College/University _____
Person or Department _____
Address _____
City _____ State _____ Zip Code _____
 2. College/University _____
Person or Department _____
Address _____
City _____ State _____ Zip Code _____

- ____ I will pick it up in person. (official transcript in sealed plain envelope)
- ____ Please mail by deadline of: _____
- ____ **I have given my counselor additional application forms to accompany this transcript.**

PAID \$ _____ Date processed: _____ Initials: _____

