

# 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](mailto: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](http://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: \_\_\_\_\_

