

Creede Junior/Senior High School

Transcript Request Form

(Please Print)

Date: _____

Name: _____ SSN# _____
Last First Middle

Address: _____
Street or P.O. Box City State Zip

Daytime Phone: _____ Date of Birth: _____

Dates of Attendance: _____ Email Address: _____

Signature: _____

_____ Number of Transcripts to be sent to me at this address

Send Transcripts to Other Addresses Listed Below

_____	_____
_____	_____
_____	_____
_____	_____

_____ Number of Copies

_____ Check for separate, sealed envelope

_____ Check to include ACT scores

Transcripts will be placed in first class mail or delivered to student within four working days from date request is received.