

Creede Middle/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.

Return to the school by mail or fax:

Creede Middle/High School
PO Box 429
Creede, CO 81130

Fax number: 719.658.2942