

Sublette High School

501 Ellis Street, PO Box 460 Sublette, KS 67877 (620) 675-2232

Transcript Request

(Choose one area below)

Present Grade Year Graduated: Year Withdrew: _____ Date of Birth: _____
Year

LAST NAME (While At SHS) FIRST MI MAIDEN (if different from last)

CURRENT ADDRESS CITY ST ZIP HOME/CELL PHONE

YOUR E-MAIL ADDRESS

Requesting my **OFFICIAL** Transcript: Quantity: _____
An OFFICIAL Transcript will only be mailed to appropriate institution (employer, school, etc. Please put name and address below).

Requesting my **UNOFFICIAL** Transcript: Quantity: _____
An UNOFFICIAL Transcript can be either be: (Check the appropriate box below).
 Mailed to you at address above.
 Attached to an E-mail (address above).
 Given to you at the High School office.

If Mailing, please provide EXACT address where OFFICIAL transcript(s) Should be sent.

Name & Address #1: (Please check for accuracy)

Name & Address #2: (Please check for accuracy)

Do Not Mail Transcript. What I would like to happen is checked below.

I will pick up the transcript personally on: _____
Date

I'm requesting to have _____ pick up my transcript on _____
print authorized person's name Date

Student's Signature: _____ Date: _____
Hand Printed Signature - must be the requestor of the above transcript.

Please fax the completed form to (620) 675-8347 or Mail to the above address.
Or You Can:
Fill out the form, Print it off, Sign it, Scan it, Save it as a PDF file, and Attach it to an email to one of the following:
Michael Lower - mlower@usd374.org or Karen Snovelle - ksnovelle@usd374.org

For Office Use Only
Date Received: Date Mailed or sent: Processed by: