

SMITHVILLE HIGH SCHOOL TRANSCRIPT REQUEST FORM



Name of student used while in school (e.g. maiden name of a female student):

Last

First

Middle

Date of birth (MM/DD/YYYY): _____

Social Security Number: _____

Last year in attendance: _____ **Did you graduate?** _____

Address where TRANSCRIPT is to be mailed:

Phone number where you can be reached: _____

Student Signature

Date

Parent Signature (If under 18)

Date

***FORMER STUDENTS PROVIDE PROOF OF IDENTITY WITH REQUEST (DRIVERS LICENSE)**