

Transcript/Immunization Request Form - Former Student

Name _____
Last First Middle Maiden

Date of Birth _____

Current Mailing Address _____

Telephone (____) _____

YEAR OF GRADUATION _____
or
LAST YEAR ATTENDED _____

REASON FOR REQUEST _____

DO YOU NEED YOUR TRANSCRIPT? _____

DO YOU NEED SAT AND/OR ACT SCORES? _____
(The Counseling Office will not send SAT/ACT scores to colleges/universities).

DO YOU NEED A COPY OF YOUR IMMUNIZATION RECORD? _____

PLEASE FORWARD TRANSCRIPT AND/OR IMMUNIZATION RECORD TO:

Date

Signature

A FEE OF \$2.00 IS REQUIRED FOR PROCESSING YOUR REQUEST. PLEASE RETURN THIS REQUEST AND A CHECK OR MONEY ORDER MADE OUT TO GLOUCESTER HIGH SCHOOL AND MAIL TO:

GLOUCESTER HIGH SCHOOL
School Counseling Department
6680 SHORT LANE
GLOUCESTER, VA 23061



School Counseling Department
Gloucester High School 6680 Short Lane Gloucester Virginia 23061
(804) 693-7688 FAX (804) 693-2316