

**Queen Anne's County High School
125 Ruthsburg Road
Centreville, MD 21617**

Office Use only:

Date Received: _____

Date Sent: _____

Staff Initials: _____

TRANSCRIPT REQUEST FORM

Please fill-in the items listed below. Processing time is normally 2-3 days; however, it may take longer during certain times of the year. Given the volume of requests that the Counseling Department receives daily, we are unable to contact you when your transcript is ready. Contact Ms. Heath at 410.758.0500, ext. 115, if needed.

Cost of transcripts are \$1.00 each, to be paid at time of request. We accept cash, check, or money order.

Please make checks payable to: Queen Anne's County High School.

Date: _____

Student Name at time of graduation: _____

Phone Number: _____

Year of Graduation: _____
(required)

No. of Transcripts Needed: _____ at \$1.00 each

_____ Send my SAT scores

Amount Paid: \$_____ (Check # _____/Cash)

_____ Send my AP scores

Student Signature: _____

Parent Signature: _____

(If student is under 18)

_____ I will pick up my transcript(s)

_____ I authorize _____ to pick up my transcript(s)

_____ Mail my transcript to school (Indicate below)

Mail my transcript to: (additional schools may be added to the back)

Name of School _____

Name of School _____

Address: _____

Address: _____
