

**CYPRESS LAKE HIGH SCHOOL TRANSCRIPT REQUEST**

STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

STUDENT ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME/COLLEGE AND ADDRESS OF WHERE TRANSCRIPT IS TO BE SENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND TEST SCORES WITH TRANSCRIPT? (If yes, please specify ACT/SAT or both) \_\_\_\_\_

PARENT SIGNATURE (IF UNDER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE (IF OVER 18): \_\_\_\_\_ DATE: \_\_\_\_\_

**REGISTRAR USE ONLY (DO NOT WRITE BELOW THIS LINE):**

DATE REQUEST RECEIVED: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_

ELECTRONICALLY SENT: \_\_\_\_\_ CONFIRMATION/REQUEST #: \_\_\_\_\_