

FORT ZUMWALT NORTH HIGH TRANSCRIPT REQUEST

I, _____, a member of the graduating class
(Full Name at Time of Graduation/DOB)
of _____, hereby give permission to have a copy of my transcript sent to the
following location:

Please complete the following information:

(one per form please)

School or business name: _____

Office or To the Attention Of: _____

Address: _____

City, State, Zip: _____

I understand that my transcript will include all semester grades and test scores received during my 9th, 10th, 11th, and 12th grade years. It will also indicate absences and tardies for each year. I understand I have the right to inspect the contents of my transcript at any time during regular business hours. **A photo ID must accompany request being sent to a non-business location.**

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

(Required if student is under 18 years of age)

Return completed form to:

Fort Zumwalt North Guidance Office

1230 Tom Ginnever Ave

O'Fallon, Missouri 63366

Applied On-Line _____ (initials)

Date Received by Guidance _____

Date Mailed _____ (initials)