

# Sturgeon RV High School Transcript Request Form

24350 North Fairgrounds Road  
Sturgeon, Missouri 65284  
Phone: 573.687.3512  
Fax: 573.687.3441

*Please allow one week for processing time*

## Student Information – Please Print Legibly

Full Legal Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State/ZIP

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

High School Enrollment Status:  Currently Enrolled  Graduate (year): \_\_\_\_\_  Last Enrolled (year): \_\_\_\_\_

Name While Enrolled: \_\_\_\_\_  
Last First Middle

## Recipient Information – Please Print Legibly

### Send Transcript To:

Institution Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Building City State/ZIP

### Send Transcript To:

Institution Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Building City State/ZIP

*\*If requesting more than two transcripts sent, please attach a second transcript request form\**

**Student Signature (required) – I authorize the release of my transcripts and assessment scores to the above listed institutions.**

\_\_\_\_\_  
Student Signature Date

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### For Office Use Only

Date of Transcript Request: \_\_\_\_\_ Date Transcripts Sent: \_\_\_\_\_

Method of Sending Transcript:  Mailed  Faxed  Electronically

Transcripts Received by Institution(s):  Yes; Date: \_\_\_\_\_  No; Date Resent: \_\_\_\_\_