

Prince Edward County High School
School Counseling Department



FINAL TRANSCRIPT REQUEST FORM

Student Name: _____ *DOB:* _____

Print

Mail Transcript to:

College/University: _____
Other

Address: _____

City/Town: _____ *State:* _____ *Zip:* _____

Student Signature if 18 years of age: _____

Parental Signature if under 18: _____

****You must provide the name and address of the college/university or the form will not be processed.***

For Guidance staff use only:

Mailed on: _____

By: _____