

Transcript Request Form

Chesterton High School, 2125 South 11th Street, Chesterton, Indiana 46304

voice: 219 983-3730

fax: 219-983-3772

*Required Fields

Please Print:

*Today's Date _____

*Name _____

Please include name when you attended CHS, if different:

*Telephone number _____

Email address _____

*Birth date _____

***Check One:**

____ Senior ____ Junior ____ Sophomore ____ Freshman

____ Graduate (Year of Graduation _____)

____ Withdrawn (Year Withdrew _____)

***What do you need?**

____ Official Transcript (\$4.00)

____ Unofficial Transcript (for personal use) (\$4.00)

____ Copy of Diploma (\$6.00)

***What is it for?**

____ College (name) _____

____ Scholarship (name) _____

____ Other (name) _____

***Are you (or someone you designate)**

please name

picking up your transcript in the Guidance Office?

____ Yes ____ No

*If "Yes" ID is required.

*If "No", where do we mail it?

Please Note:

- This form is to be attached with each request and turned in to Mrs. Arthur in the Career Center. **ONLY COMPLETED FORMS WITH THE \$4.00 FEE WILL BE PROCESSED.**
- **A MINIMUM OF 3 DAYS NOTICE IS NECESSARY FOR ALL REQUESTS.**
- When additional information is required (i.e. counselor recommendation, high school report, etc.) please turn in request with at least one week to process.
- During the summer, transcript requests are processed once a week. Submit form and fee to the main office for processing with the Registrar, Mrs. McNabb.

Under the Family Educational Rights and Privacy Act, we are required to obtain your written permission in order to forward a transcript to other schools, colleges, universities, organizations, or prospective employers. The Chesterton High School transcript contains a student's grades, GPA, Rank, Honor Roll, Immunizations and ISTEP scores. Additionally, some student transcripts may contain PSAT, SAT and ACT scores.

I affirm that I am the above named student. In compliance with the Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize Chesterton High School to release my student records as noted.

***DATE:** _____ ***YOUR SIGNATURE:** _____

Parent/Guardian Signature if student is UNDER 18 yrs.

***Checklist:**

____ Yes ____ No Is your transcript fee attached? ____ cash ____ check

____ Yes ____ No Did you apply online?

____ Yes ____ No Is your application or counselor form attached to this request?

____ Yes ____ No Is your application fee included?

____ Yes ____ No Are teacher/personal references required?
If yes, please list your recommenders:

OFFICE USE ONLY	
Initials	Date
_____ Request Rec'd	_____
_____ To Counselor	_____
_____ Completed	_____
_____ Picked-up	_____