



DR. TIMOTHY HOWARD
Headmaster

MARITERE MATOSANTOS
Principal

OFFICIAL TRANSCRIPT REQUEST FORM

Student name: _____ Present Grade _____
Last First Middle

Parent Name: _____ Phone: _____
Please Print

INSTRUCTIONS:

HAND TO PARENT OR SEND TRANSCRIPT TO:

Name of School

Address

City, State, Zip

Authorization to release transcript:

Parent Signature _____ Date _____

Student's tuition and fees must be paid in full in order for the school to issue official transcripts and report cards.

For office use only	
Academic Administration Approved :	Date _____
Signature _____	
Library: _____	Date _____
Signature _____	
Los Muchachos Catering: _____	Date _____
Signature _____	
Business Office Approval: _____	Date _____
Signature (this is the last approval)	
Print by: _____	Date _____
Signature _____	