TRANSCRIPT REQUEST FORM
Northumberland High School 201 Academic Lane Heathsville, VA 22473
Phone: 804-580-5192 Fax: 804 - 580-4635 Web: www.nucps.net

1. Current Name:
   Last ___________________________ First ___________________________ MI ________
   (Please Print)
   Address: ____________________________________________________________
   (Number) (Street) (City)
   _________________________________________________________________
   (State) (Zip Code) (Telephone)

2. Maiden Name ___________________________ DOB __ / __ / ___ Male ___ Female ___

3. Year of Graduation ___________________________ Last Grade Completed __________ Year Left ______
   Last School Attended ___________________________ GED/Adult Ed. (if applicable) ________ Year ______

4. What is the purpose of this request? Please check all that apply:
   □ I need an Official Transcript (with school seal in a sealed envelope). How many? ________
   □ I need an Unofficial Transcript (student copy). How many? ________
   □ Please fax to (student copies only): Fax# ___________________________ Attn: ____________________
   □ Transcript will be picked up on this date by ___________________________ (Your name or designated person's name)
   □ Please mail to: __________________________________________________________
   □ Additional comments: ________________________________________________

GUIDELINES:
Allow 3 to 5 school days for processing from the date the request is received by our office. All request forms must be filled out and signed by the student with a legible signature.

PARENT OR 3rd PARTY PICKING UP TRANSCRIPT MUST:
(A) Have their name listed on the request form as the designated person picking up transcript.
(B) Show a current photo id when picking up transcript.

WE DO NOT OFFER EXPRESS OR OVERNIGHT DELIVERY. ALL TRANSCRIPT REQUESTS MUST INCLUDE THIS FORM.
REQUESTS WILL NOT BE TAKEN OVER THE TELEPHONE.

Today's Date _____ / ____ / _____ Daytime Telephone (____)

Signature of Student _________________________________________________

Signature of Parent (if student is under 18) __________________________________

For office use only:
   Date received: __________ Date delivered: __________ Date mailed __________