

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** _____