

# Past Graduates Transcript Request Form

ARUNDEL HIGH SCHOOL  
 Telephone: (410) 674-6500 • (Fax) (410) 674-3889

**Transcript Includes:** Up-to-date subject grade performance through high school.

**Cost:** The transcripts cost \$2.00 each.

**Time Note:** Please allow 7 (seven) to 10 (ten) working days to process a transcript request.

I, the undersigned, hereby give the Anne Arundel County Public Schools permission to release the records of: \_\_\_\_\_  
 (Print Student's Name Clearly or Name While in School)

Student ID	Transcript to Be: <input type="checkbox"/> Mailed <input type="checkbox"/> Hand Carried	# of Copies: _____	Permanent Mailing Address (Number & Street, City, State Zip)
Date of Birth			_____
Year of Graduation or Withdrawal			Daytime Telephone (Area Code & Number)

### Institution Or Organization To Which Transcript Is To Be Mailed

Name	Name
Address (Number & Street, City, State, Zip Code)	Address (Number & Street, City, State, Zip Code)
Name	Name
Address (Number & Street, City, State, Zip Code)	Address (Number & Street, City, State, Zip Code)

If more space is needed please use the other side of this sheet

Student (Signature)	Date
Parent (Signature)	Date

(Required if student is under 18 years of age)

For Office Use Only:	Date Received: _____	Paid: \$ _____	Sent: _____
		Check    Cash	Initials: _____