

# Sublette High School

501 Ellis Street, PO Box 460 Sublette, KS 67877 (620) 675-2232

## Transcript Request

Present Grade / Year Graduated / Year Withdrew: \_\_\_\_\_  
*(Circle one of the above)*

Date of Birth: \_\_\_\_\_

LAST NAME (While At SHS)                      FIRST                      MI                      MAIDEN (if different from last)

CURRENT ADDRESS                      CITY                      ST                      ZIP                      HOME/CELL PHONE

Requesting my **OFFICIAL** Transcript:                      Quantity: \_\_\_\_\_  
An OFFICIAL Transcript will only be mailed to appropriate institution (employer, school, etc.)

Requesting my **UNOFFICIAL** Transcript:                      Quantity: \_\_\_\_\_  
An UNOFFICIAL Transcript can be either mailed to you or given to you at the High School office.

**If Mailing, please provide EXACT address where transcript(s) Should be sent.**

Name & Address #1: (Please check for accuracy)

Name & Address #2: (Please check for accuracy)

**Do Not Mail Transcript. What I would like to happen is checked below.**

I will pick up the transcript personally on: \_\_\_\_\_  
Date

I'm requesting to have \_\_\_\_\_ pick up my transcript on \_\_\_\_\_  
print authorized person's name                      Date

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature must be the requestor of the above transcript

**Please fax the completed form to (620) 675-8347 or mail to the above address. Or you can:  
fill out the form, print it off, sign it, scan it, save it as a PDF file and attach it to an email to one of the following:  
Linda Keeney - [lkeeney@usd374.org](mailto:lkeeney@usd374.org)                      or                      Karen Snovelle - [ksnovelle@usd374.org](mailto:ksnovelle@usd374.org)**

For Office Use Only		
Date Received:	Date Mailed:	Processed by: