

# SHS Alumni Transcript Request Form

Official   
Unofficial

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Maiden Name if applicable)

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Grad Year: \_\_\_\_\_ SSN: xxx-xx- \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please send a copy of my high school transcript to:

the above address; or

the college listed below:

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College Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Note: My signature authorizes Silverton High School to release my ACT/SAT scores to the above named College/University.

Cost: \$5 per transcript.

Mail checks to:  
Registrar  
Silverton High School  
1456 Pine Street  
Silverton, OR 97381

If you have questions, call 503-873-6331 ext.3826