



REQUEST FOR HIGH SCHOOL TRANSCRIPT

I am authorizing the release of my Paris High School Transcript.

Name (AT GRADUATION)) _____

Date of Birth _____

Year of Graduation _____ Year of Withdraw _____

Please release my official transcript to:

I would like an unofficial copy of my transcript faxed to: _____

Signature _____ Date _____

Please Return this form to the Paris High School Office.

TIGER STRONG