

**CARROLL HIGH SCHOOL**  
Request for Transcript & Test Scores

Name \_\_\_\_\_  
(as appears on permanent record)

Home Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Date of Request \_\_\_\_\_ SSN \_\_\_\_\_

Mail Transcript to (college name & address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Making Request \_\_\_\_\_

Transcripts are \$5.00 For All Former Carroll High Students