



**Chapel Hill High**  
**Request for Official**  
**Transcript**  
*Cost \$3 per transcript*

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Name of college or organization that  
Transcript should be sent to:

Today's Date:

Purpose of transcript  
(MOWR, College, Summer Program, ETC)

- |          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

I hereby authorize Douglas County School System to release my records to the above organizations.

Parent or student (Graduated) signature \_\_\_\_\_

**PLEASE NOTE: Douglas County School System does not mail SAT or ACT test scores or immunization records. SAT/ACT scores can be ordered from the testing agencies. Immunization records can be obtained from your medical provider.**