

TRANSCRIPT REQUEST 2013-2014

Mrs. Johnson Registrar's Office 208

DELIVER OFFICIAL TRANSCRIPTS TO: (Check appropriate) below:

Ms. Gless___ Ms. Moses___ Ms. Foster___ Ms. Powell___ Ms. Toussaint___ Ms. Johnson (Mail Directly) ___

(Check appropriate) below:

Student/Parent Copy_____ Official (Mail directly) _____ TREx _____ GPA 4.0 Unweighted _____

Date_____ Student ID # _____ Grade /Year of Graduation _____

Name _____ DOB _____ Signature _____

(Please print clearly)

This request includes the following:

_____ Self addressed envelope with postage attached.

_____ Letter of Recommendation(s) / Scholarship(s) applications attached

College/Scholarship _____

College/Scholarship _____

*If more than 2 colleges attached 2nd form.

Include self addressed stamped envelope with Hightower return address:

L.V. Hightower High School

3333 Hurricane Lane

Missouri City, TX 77459

****INCOMPLETE REQUEST WILL NOT BE PROCESSED AND RETURNED TO THE STUDENT. LARGE ENVELOPE (S) (9x12) REQUIRES 3 STAMPS.**

For Office Use Only:

COMPLETED/MAIL BY _____ Date _____

Important:

*Transcript (s) processed on ***Tuesdays and Thursdays.***

*Allow ***72 hours after the time stamped in. This does not include weekends/holidays.***

Students (s) ***are not notified to pick-up unofficial student/copy. Faxed request is not acceptable.***

Upload/scanned PDF format is ***not acceptable*** for submission, transcript is mailed or TREx.

* You are responsible for sending ***official*** SAT/ ACT /AP scores to colleges. This is done by contacting either College Board or ACT Program.