



TRANSCRIPT REQUEST FORM

COUNSELING OFFICE

(671)300-4362

EMAIL: tatsablan@gdoe.net

DATE: _____

NAME:

LAST

FIRST

MIDDLE

MAIDEN:

D.O.B:

GRADUATION YEAR: _____

LAST ATTENDED: _____ (NON GRADUATE)

CONTACT NUMBER:

ALT NUMBER:

EMAIL:

AUTH PERSON:

(AUTH PERSON MUST PRESENT A PHOTO IDENTIFICATION UPON PICKUP)

PLEASE INDICATE REQUESTED COPY

OFFICIAL: 0 X \$10.00

UNOFFICIAL: 0 X \$5.00

0 X \$12.00 (OFF ISLAND + POSTAL FEE)

0 X \$7.00 (OFF ISLAND + POSTAL FEE)

FOR OFF ISLAND MAIL REQUEST ONLY

MAILING ADDRESS: _____

NOTE: PROCESSING TIME IS 2-3 WORKING DAYS

ON-ISLAND PAYMENT METHOD: EXACT CASH UPON PICKUP

OFF-ISLAND PAYMENT METHOD: MUST MAIL IN REQUEST WITH **CASHIER CHECK** OR **MONEY ORDER** PAYABLE TO JOHN F. KENNEDY HIGH SCHOOL.

-----FOR OFFICIAL USE ONLY-----

AMOUNT PAID: _____

RECEIPT NUMBER: _____

DATE RECEIVED FROM COUNSELING OFFICE: _____

INITIALS: _____

FOAS OFFICE CLERK: _____

DATE PICKED UP: _____