OFFICIAL TRANSCRIPT REQUEST FORM

SYRACUSE HIGH SCHOOL

665 SOUTH 2000 WEST
SYRACUSE, UT 84075
Phone: (801)402-7900 Fax: (801)402-7901

PLEASE PRINT CLEARLY

Date _____

Name _____

Student # _____

Phone _____ Birthdate _____

Graduation year _____

- AP, ACT, and SAT score will be included with all transcripts.
- All requests must be completed and signed
- All official transcripts are $2.00 per copy
- Please make payment to Syracuse High School. Bring this request form in with your payment OR Mail your request with payment to the above address (attention: Registrar)
- Please allow TWO WEEKS for processing
- Only list addresses for colleges/universities not on the list.

I authorize Syracuse High School to release a copy of my transcripts.

Student Signature_____

Please mark one:

_____ Please mail transcript by deadline of _____
_____ Will pick up in person

Purpose of Transcript

_____ Admission/Scholarship application
_____ Personal use

Mail Transcript to: ($2.00 fee/school)

_____ Brigham Young University (Provo, Idaho, & Hawaii)
_____ College of Eastern Utah
_____ Dixie State College
_____ LDS Business College
_____ Salt Lake Community College
_____ Snow College
_____ Southern Utah University
_____ University of Utah
_____ Utah State University
_____ Utah Valley University
_____ Weber State University
_____ Westminster College
_____ Other

*Other (only schools not on list)

1. College/University_____
   Person/Department_____
   Address_____
   City_____ State_____ Zip Code_____

2. College/University_____
   Person/Department_____
   Address_____
   City_____ State_____ Zip Code_____

3. College/University_____
   Person/Department_____
   Address_____
   City_____ State_____ Zip Code_____

DATE COMPLETED_____ PAID $_____