



TRANSCRIPT &/or LETTER/S of
RECOMMENDATION REQUEST

TO PROCESS A REQUEST, THE FOLLOWING INFORMATION IS REQUIRED:

Please print legibly

1. The name the student was enrolled under while attending HCSS:

2. Years Student Attended HCS: _____

3. Graduation or Projected Date: _____

4. Student's date of birth: _____

5. Does the transcript need to be official? *(Signed, stamped, and in a sealed envelope)*

_____YES _____NO

6. Do letters of recommendation need to accompany this transcript? *(Available the fall of senior year starting 2016-2017. These are always in a sealed & stamped envelope)*

_____YES _____NO

7. If yes, the name of the school and address where the transcript is to be sent OR the name and address of the person to whom the transcript is to be sent. (Please print clearly)

Institution/Individual's Name: _____

Street Address: _____

City, State, and Zip Code: _____

8. OR Will the transcript be picked up in person?

_____YES _____NO

Signature: _____

Date: _____

Phone Number: _____ Email: _____

In case we need to contact you.

Please mail or give your completed transcript request form to: Guidance Office at Hayworth Christian School

