

Culleoka Unit School Transcript Request

Please complete a request form for each transcript you are requesting.
*Allow 5 school days for processing. It may take longer to process at the beginning and end of each school year and during summer months.

PLEASE PRINT ALL INFORMATION!

Full Name: _____

Current Grade: _____ Year of Graduation: _____ Date of Birth: _____

College/University Name: _____

Full College/University Mailing Address: _____

In addition to my transcript, I give Culleoka Unit School permission to release any and all test scores, including PSAT/PLAN, ACT and SAT scores.

Student Signature _____

() Check here if you want to pick up your transcript instead of us mailing them.

For Office Use Only

Date Received: ____/____/____

Date Mailed: ____/____/____