

## REQUEST FOR FINAL TRANSCRIPT

To have a final transcript sent please fill out the following information. Be sure to sign this form releasing a final transcript to the designated institution and give the form to the counseling office.

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

GRADUATING CLASS OF: \_\_\_\_\_

I need a final transcript sent: ☐ YES (if yes, provide additional information below) ☐ NO

(If transcripts need to be mailed instead of submitted electronically please provide a mailing address)

College/Institution Name: \_\_\_\_\_

Scholarship Organization Name: \_\_\_\_\_

Other: \_\_\_\_\_

Athletics: ☐ NCAA ☐ NAIA

Non-APS Email Address: \_\_\_\_\_

(used to send confirmation that transcripts have been sent)

\*This information is provided with the written consent of the student as required by the Family Educational Rights and Privacy Act of 1974.

Student's Signature: \_\_\_\_\_

\* This form will only release a student's Arlington official transcript. If a student took classes for college credit through Metropolitan Community College (or elsewhere) during high school a separate request will need to be made directly to that institution for an official transcript.