

High School Transcript Request Form

Student Name: _____

Graduation Year: _____ SID#: _____

Name of school/institution transcript is being sent to: _____

Address/Fax/Email to send transcript to _____

There is a \$10 archived records fee for students who are not presently enrolled with GSA.

If GSA has never processed a transcript for this student, the fee is \$100 to process the records received during membership period.

Signature of requestor _____ Date _____

Email of requestor _____

Payment information:

Check # _____ Money Order

Visa/MC/AMEX/Discover card number _____ exp. _____

Name on Card _____