

HIGH SCHOOL TRANSCRIPT REQUEST

1) PLEASE SIGN AND COMPLETE THIS FORM

2) GIVE TO SCHOOL COUNSELOR

Signature of S	Student:		
Print Name:			
	last	first	middle
Birthdate:			
High School:			
City/State:			
Month/Year	Entered:		
Year of Gradu	nation:		
Signature of I	Parent or Guardian:		
Counselor's N	Name:		
Counselor's F	Phone:		
Registrar:	Please forward transcripts and test scores for the above student to:		
	Denise Corlett		
	Stanford Women's Volleyball		
	641 E. Campus Dr.		
	Arrillaga Sports Center		
	Stanford, CA 94305-6150		