

REQUEST FOR OFFICIAL TRANSCRIPT

Springfield High School
5240 Hwy 76 - East
Springfield, TN 37172

FULL NAME _____
Last First Middle

I do hereby authorize you to release my records as an official transcript to:

(1) _____ Include ACT Scores: Yes ___ No ___

(2) _____ Include ACT Scores: Yes ___ No ___

Student's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

(Required IF student is less than 18 years of age)

**First Official Transcript is Free ---
\$ 1.00 fee for ALL others.**

Office Use Only	
Filled-date	_____
Signed	_____
