



TRANSCRIPT REQUEST FORM

West High School • 241 North 300 West • Salt Lake City, Utah 84103 • Phone: 801-5878-8500 ext. 2130 • Fax: 801-578-8524

Send Completed Forms to: Kim.Dahle@slcschools.org

STUDENT INFORMATION Please print all information clearly

Name: _____ Date of Request: _____
Student ID/Number: _____ Date of Birth: _____ Phone #: _____
Last First Middle Initial mm/dd/yyyy

Email Address: _____

Currently Attending West Grade (circle): **9th** **10th** **11th** **12th** I am an West High Graduate, Class of _____
 I attended year (s): _____ to _____, but am NOT a West High Graduate

PURPOSE OF TRANSCRIPT

Admission to college / university Personal use (Official) Athletic purposes
 Scholarship Application Personal use (Un-official) Other*: _____
 Please include ACT/SAT scores with transcript
◆ If checking the ACT/SAT option, please ensure that the organization you are applying to requires these test scores to be official and sent by ACT or College Board.
◆ If so, please request official scores actstudent.org or sat.collegeboard.org
◆ AP scores can be ordered from collegeboard.org

SEND OFFICIAL TRANSCRIPT TO

All official transcript are sent via USPS, unless otherwise noted. It is NOT necessary to provide a mailing address for Utah colleges/universities listed here.

<input type="checkbox"/> University of Utah	<input type="checkbox"/> Salt Lake Community College	<input type="checkbox"/> Dixie State College of Utah
<input type="checkbox"/> Brigham Young University <small>(Provo, Idaho, Hawaii)</small>	<input type="checkbox"/> Utah Valley University	<input type="checkbox"/> LDS Business College
<input type="checkbox"/> Weber State University	<input type="checkbox"/> Southern Utah University	<input type="checkbox"/> Stevens-Henager College
<input type="checkbox"/> Utah State University	<input type="checkbox"/> Snow College	<input type="checkbox"/> Regents' Scholarship Program
<input type="checkbox"/> Westminster College	<input type="checkbox"/> Utah State University Eastern	<input type="checkbox"/> NCAA Clearinghouse
		<input type="checkbox"/> Other *

* Other:

Please list additional colleges and their addresses on the back of this form or on an additional request form.

Organization /Educational Institution: _____
To the Attention of (Person/Dept.): _____
Email (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

TOTAL NUMBER OF TRANSCRIPTS REQUESTED:

All requests must be completed, signed and dated to be processed. Mail, Fax, or Email your requests Attn: Kim Dahle, Registrar
PLEASE ALLOW 1 WEEK FOR PROCESSING.

Will pick up in person (Official transcript in sealed envelope).
 Please mail by deadline of: _____
 I have given my counselor additional application forms which needs to accompany this transcript.

By signing below, I hereby give my consent to West High School to release my (or my minor student's) educational records, protected under the Family Educational Rights and Privacy Act (FERPA) to the institutions listed on this form.

Requestor (Print Name): _____ Relationship to student: _____
Requestor's Signature: _____ Date: _____

OFFICE USE ONLY:
Received: Processed: Initials: