Sierra Lutheran High School
Official Transcript Request Form

Date_____

I, _____ (printed name of student), request that an official transcript be sent to the following colleges/universities.

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Signature of Student:_____

Signature of Parent:_____

Please include addressed/stamped envelopes for each college/university.

Note that SLHS policy is that transcript requests be made two weeks prior to an application deadline.

Please note any applicable deadlines for the schools listed above: