

Norfolk Senior High

Transcript Request-Return to Counseling Center

Date: _____

Student Name: _____
First Last

Date of Birth: _____

High School Graduation Date: _____

Please send an official high school transcript to:

Name : _____

Address:

I authorize Norfolk Senior High to release my office high school transcript:

Student signature: _____

Parent signature : _____

(Required for students under age 18 and/or requesting transcripts sent to non school location)

For office use only:

_____ Date Sent _____ initials