



TRANSCRIPT REQUEST FORM

FAIRVIEW HIGH SCHOOL
1515 Greenbriar Blvd.
Boulder, CO 80305
Attention: Sharyn Corson

Please complete all requested information and be sure to print clearly. A fee of \$2.00 is assessed for each transcript requested. Please mail this request and payment to the address provided above. Make the check or money order payable to: Fairview High School.

If necessary you may fax your request to:
Fairview Counseling Office
720-561-5333

(Please make arrangements to mail in your transcript fee by calling 720-561-5328)

Name: _____
(Your exact name at time of registration)

Current Name: _____ Today's Date: _____
(PLEASE PRINT CLEARLY)

Date of Birth: _____ Phone Number: (_____) _____
(MM/DD/YYYY)

Year of Graduation: _____ **OR** Dates of Attendance: _____

Official transcripts must be mailed to a school or place of business. Turn around time is 5 - 7 business days & the cost is \$2.00 per transcript. Unofficial copies are for your own use, but will not be accepted by an educational institution. All transcripts include test scores previously arranged to be sent to Fairview High School.

_____ Official Transcript - \$2.00 each _____ Unofficial Transcript - \$2.00
(# needed) (# needed)

PLEASE PROVIDE THE COMPLETE ADDRESS OF INSTITUTION BELOW

SEND TO: _____

STUDENT SIGNATURE: _____

OFFICE USE:	Paid: _____	Processed: _____	Sent: _____	Initials: _____
-------------	-------------	------------------	-------------	-----------------