SPECTRUM HIGH SCHOOL
GRADES 6-12

Transcript Request Form

Please type or print <u>all</u> sections below legibly <u>or transcript processing will be delayed</u>.

Name:_____
Last First Middle

Graduation Date: _____

Send Transcript To Address(s) Listed Below: (Spectrum High School is ***not*** responsible for any incorrect address provided by you. It is your responsibility to check the address for accuracy. If it is incorrect, and cannot be delivered, you will have to request another official transcript with the correct address.)

School/College:_____
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School/College:_____
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School/College:_____
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Signature:_____ ***Date:***_____

Please allow up to 7 business days to process.. For standard US mail, please allow up to 10 days for delivery.