High School Transcript Request Form

Student Name:		
Graduation Year:		SID#:
Name of school/institution	transcript is being sent to: _	
Address/Fax/Email to send	transcript to	
There is a \$10 archived reco	ords fee for students who ar	re not presently enrolled with GSA.
If GSA has never processed during membership period.		, the fee is \$100 to process the records received
Signature of requestor		Date
Email of requestor		
Payment information:		
Check #	Money Order	
Visa/MC/Discover card number		exp
Name on Card		CVV