

Northside High School
2301 North B Street
Fort Smith, AR 72901
Phone: 479-783-1171
Fax: 479-784-8144
www.fortsmithschools.org

HIGH SCHOOL TRANSCRIPT REQUEST

PLEASE ALLOW **48 HOURS** (when school is in session) TO PROCESS REQUEST.

Cost is **\$2.00 per copy** for Graduates and **\$1.00 per copy** for current students.

I AM REQUESTING A COPY OF MY TRANSCRIPT:

Student Name (print) _____

Maiden Name (print) _____

Student ID: _____ or Social Security Number: XXX-XX-_____

Date of Birth ____/____/____ Year of Graduation _____

If you did not graduate, provide year and grade of last attendance _____

Signature _____ Date ____/____/____

PLEASE SELECT ONE OF THE FOLLOWING DELIVERY METHODS:

_____ I will pick up _____ copies Note: Please pick up in the Registrar's Office

Circle one: In sealed envelope or unsealed

_____ Please fax a copy to: (_____) _____ - _____

_____ Picked up by designee: _____
(must show ID)

_____ Please mail a copy to the following address:

Name of College/University _____

Address _____

City, State and Zip _____, _____ _____

Name of College/University _____

Address _____

City, State and Zip _____, _____ _____

**** Please add any additional school addresses to the back****

ARE THERE ADDITIONAL MAILING ADDRESSES ON THE BACK? _____ Yes _____ No