

# FLATHEAD HIGH SCHOOL TRANSCRIPT REQUEST FORM CURRENT STUDENTS

(You only need to turn in this form once.)

STUDENT LAST NAME: \_\_\_\_\_

STUDENT FIRST NAME: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature Date

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Once this fully signed form is turned in to the guidance office, students may request multiple transcript copies on a sign-up sheet in the guidance office. Transcripts for current students must be picked up, they will not be mailed/emailed/faxed.

Signatures below authorize release of this student's transcript to the following persons (picture ID required to pick up transcripts):

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