Canon City High School
Fremont RE-1 School District
Transcript Request Form (Please Print)

Last Name: ________________________________ First Name: ________________________________

Date of Birth: ____________________________ Phone Number: ______________________________

Current Grade Level: ____________________________

Only **Unofficial** transcripts may be released to the student or parent. **Official** transcripts sealed and signed by the registrar **must** be mailed **directly** from Canon City High School to the requested school or agency.

*Courses attempted, credits, and grades earned are a part of your permanent record and will be reflected on your transcript.*

<table>
<thead>
<tr>
<th>School/College/University/Other</th>
<th>Address</th>
<th>Official</th>
<th>Unofficial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requested by: ____________________________________________ (parent or 18 year old student)

Signature: ___________________________________________ Date: ______________

____________________________________________________________________________________

Office Use Only

**Transcript Processed By:** ___________________________________________ **Date:**__________________

*Please allow 5 business days for processing*