

# FINAL TRANSCRIPT REQUEST

Date: \_\_\_\_\_

**Class of** \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to have a copy of  
(student name)

my final transcript sent to the following location:

\_\_\_\_\_  
school or business name (only one per request)

\_\_\_\_\_  
street address

\_\_\_\_\_  
city, state and zip code

I understand that my transcript will include all semester grades and test scores received during my 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grade years. It will also indicate absences for each year. I understand that I have the right to inspect the contents of my transcript at any time during regular business hours.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required if student is under 18 years of age)

**Return completed form to: Fort Zumwalt South Counseling Office  
Attn: Registrar  
8050 Mexico Rd.  
St. Peters, MO 63376**

*Please Note: Only one "final" transcript will be mailed at the end of the school year. All colleges and universities require a final transcript showing a graduation date. If you are unsure of the location you wish your final transcript to be mailed, please wait to submit this form. If more than one request is submitted, the one with the most current date will be honored. **Final transcript requests are not processed until after grades are submitted and transcripts are created for graduates. All final transcripts will be mailed by Mid-June.***

**Please also complete the following:**

After graduating I plan on (please circle one): working, going to college, military, undecided

I plan on majoring in \_\_\_\_\_