

POST SECONDARY PLAN

STUDENT: _____ Class of _____

After graduating I plan on (please check one):

- Military
- Working
- Tech School
- 2-year college
- 4-year college
- Other _____

I plan on majoring in _____

I hereby give permission to have a copy of my final transcript sent to the following location:

_____ school _____

_____ street address _____

_____ city, state and zip code _____

I understand that my transcript will include all semester grades and test scores received during my 9th, 10th, 11th, and 12th 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 requests are not processed until after grades are submitted and transcripts are created for graduates. All final transcripts will be mailed by Mid-June.***