

Canon City High School
Fremont RE-1 School District

Transcript Request Form (Please Print)

Last Name: _____ First Name: _____

DOB: _____ 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.

School/College/University/Other	Address	Official	Unofficial

Note: All Transcripts include immunization records

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

Signature: _____

Office Use Only

Date Received: _____

Transcript Completed By: _____ **Date:** _____

Please allow 5 business days for processing