

Antilles High School Guidance Office

1062 Victory Drive
Ft. Buchanan, Puerto Rico 00934

REQUEST FOR AN OFFICIAL TRANSCRIPT

(Use one form for each request - please print)

I _____ request an official transcript be prepared for the following institution (please indicate complete name and address, including zip code):

Do you want the transcript in a sealed envelope to mail yourself? _____

Is an application attached? YES or NO

If YES:

Is the Counselor needed to provide information and/or answer questions?

YES or NO

What page and/or section needs the Counselor's attention?

Your Signature

Today's date

OFFICE USE ONLY:

Date Received _____

Date Mailed _____