

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Instructions: Please complete this form and submit it to your previous high school records office, with the appropriate fee, (if applicable). You will need to contact your previous high school records office to determine the amount of the fee (if applicable). If the high school from which you are seeking to receive your transcript is no longer in operation, contact the School District Offices or Department of Education of the State in which the high school was located. Your signature on this completed form is authorization to release an official copy of your transcript to Northgate Academy.

PLEASE PRINT

Name: _____
 LAST FIRST MI PREVIOUS LAST NAME

Date of Birth (mm/dd/yyyy): ____/____/_____ _

Graduated (mm/yy): _____/_____ Will Graduate (mm/yy): _____/_____

Current Address: _____
STREET APT NUMBER

CITY STATE ZIP CODE

High School: _____

STREET ADDRESS

CITY STATE ZIP CODE

I authorize an official copy of my High School transcript to be released to Northgate Academy.

Signature of Applicant: _____

Date: ____/____/_____

Signature of Guardian: _____
(If student is under 18 years of age)

Date: ____/____/_____

PLEASE SEND TRANSCRIPT TO:
NORTHGATE ACADEMY
3350 ANNAPOLIS LANE NORTH, C
PLYMOUTH, MN 55447
PHONE: (763) 412-4700
FAX: (763) 412-4702

