



HIGH SCHOOL TRANSCRIPT REQUEST

1) PLEASE SIGN AND COMPLETE THIS FORM

2) GIVE TO SCHOOL COUNSELOR

Signature of Student: _____

Print Name: _____

last

first

middle

Birthdate: _____

High School: _____

City/State: _____

Month/Year Entered: _____

Year of Graduation: _____

Signature of Parent or Guardian: _____

Counselor's Name: _____

Counselor's Phone: _____

Registrar: Please forward transcripts and test scores for the above student to:

Denise Corlett
Stanford Women's Volleyball
641 E. Campus Dr.
Arrillaga Sports Center
Stanford, CA 94305-6150

REASON FOR RELEASE OF STUDENT RECORD:

ATHLETIC SCHOLARSHIP EVALUATION