

Collins-Maxwell High School

Transcript Request Form

Student Information

Name _____ Graduation Year _____

Current Address _____
City ST ZIP

Phone Number _____ Email Address _____

College or Scholarship Information

Name of College/Scholarship _____

Address _____
City ST ZIP

- Collins-Maxwell will mail transcript.
- Student will pick up sealed transcript.
- A counselor recommendation is required. (If this box is check, speak with Mrs. Nolin).

Due Date of Application _____ Date of Transcript Request _____

Special Instructions
