

Amherst County High School
School Counseling Department
139 Lancer Lane
Amherst, VA 24521
(434) 946-2815

TRANSCRIPT REQUEST FORM

I hereby authorize Amherst County High School to release my official scholastic record to the institutions/organizations listed below. The transcript fee is \$1.00 per transcript.

Name and Address of Institution/Organization

1. _____ _____ _____	4. _____ _____ _____
2. _____ _____ _____	5. _____ _____ _____
3. _____ _____ _____	6. _____ _____ _____

(Use back of form if additional space is needed)

Student's Full Legal Name: _____
(please print)

Birthdate: _____

Student's Signature: _____ Date: _____

If student is under eighteen (18), a parent/guardian must sign below:

Parent/Guardian's Signature: _____ Date: _____

IMPORTANT: All SAT and ACT scores must be sent to your colleges/universities directly from the College Board and/or ACT at your request through their websites or by mail to the testing company. SAT and ACT scores will NOT be included on your transcript.