

Date _____

REGISTRAR or PRINCIPAL

SCHOOL

ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:
Please send the following item(s) to:



A complete transcript(s) of my academic record

A letter of good standing

I last attended your school _____

For identification purposes, my date of birth is _____

If there is any charge, please bill me at the address below.

Respectfully,

Note: transcripts should be sent after finals are recorded.