



Roger León
Superintendent

Arts High School

Devonne Gorman, Principal



Arts High School Transcript Request and Release Form

***ALLOW ONE WEEK FROM DATE OF SUBMISSION FOR PROCESSING ***

***NOTE: \$5 FEE FOR TRANSCRIPTS OLDER THAN ONE YEAR. ***
(CASH OR MONEY ORDER PAYABLE TO ARTS HIGH SCHOOL)

Student Name: _____ Counselor: _____

Authorized Signature for Release of Transcript: _____

Year of Graduation

Number of Copies

Date of Birth

Phone Number

Name when attending Arts High School, if changed.

- PICKING-UP**
- SEND SEALED TRANSCRIPT TO BELOW**

SEND TO:

College/University/Organization/Scholarship

Street Address

City, State, Zip Code

OR

Email