

**Hammond High School  
Transcript Request Form**  
Please include \$4.00 for each Official Transcript Requested

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
           Last                      First                      M.    (necessary)

Address \_\_\_\_\_  
   Street    City    Zip

Parent/Guardian Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Counselor Recommendation Requested? Yes No

Is the Secondary School Report included? Yes No

Please fill out the names of the colleges that you are applying to, the application deadline, and the date you are requesting the transcripts.

List name of colleges you need transcripts for:	Application Deadline	Date Requesting Transcript	To Counselor	Date Ready	Paid	Picked Up
1						
2						
3						
4						
5						
6						
7						
8						

**Students are expected to pick up the transcript envelopes from the Guidance Office**