

**Sierra Lutheran High School
Official Transcript Request Form**

Date _____

I, _____ (printed name of student), request that an official transcript be sent to the following colleges/universities.

Signature of Student: _____

Signature of Parent: _____

Please include addressed/stamped envelopes for each college/university.

Note that SLHS policy is that transcript requests be made two weeks prior to an application deadline.

Please note any applicable deadlines for the schools listed above: