

Transcript Request

Please allow three school days for request to be processed

COUNSELING DEPARTMENT

MANHATTAN HIGH SCHOOL

Student's Name: _____ Request Date: _____

--	--	--	--	--

Current Grade: 12 11 10 9
(Circle one)

Send Transcript to: KSU Admissions
 KU Admissions

Attention: 1. _____ 2. _____

Address: _____

State & Zip: _____

Send Pick-Up (un-official) Pick-Up (official, only if required by organization) Final

If ACT & SAT scores are to be included, ALL scores on file will be sent.

Signature for permission to include test scores IF UNDER 18 MUST BE SIGNED BY PARENT OR GUARDIAN