



# GALLUP HIGH SCHOOL TRANSCRIPT REQUEST FORM

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ (maiden name if applicable)

FIRST NAME: \_\_\_\_\_ Middle: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

WITHDRAWAL YEAR: \_\_\_\_\_ (last year of enrollment. Did NOT graduate)

TYPE OF TRANSCRIPT:  OFFICIAL TRANSCRIPT # of transcripts: \_\_\_\_\_

UNOFFICIAL TRANSCRIPT

List the name(s) and address (es) of Institutions where transcript should be sent:

**PLEASE PRINT CLEARLY**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

**THERE IS A \$1.00 FEE FOR EACH OFFICIAL TRANSCRIPT.**

**PLEASE MAIL MONEY ORDER TO:**

GALLUP HIGH SCHOOL  
ATTN: REGISTRAR  
1055 RICO STREET  
GALLUP, NEW MEXICO 87301