

# TRANSCRIPT REQUEST

Authorization for release of student information from Aberdeen Central High School to another school, college, university or third party.

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Year of Graduation or Last Year Attended \_\_\_\_\_ (\$5.00 charge if over 5 years)

Maiden Name (or former name, if applicable) \_\_\_\_\_

Send to: \_\_\_\_\_

(Office of Admissions, Student Records, etc.)

\_\_\_\_\_  
(Name of College, University, Tech School, High School, etc)

\_\_\_\_\_  
(Street or Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

Transcript to be sent:

- \_\_\_\_\_ Current
- \_\_\_\_\_ End of Freshman Year
- \_\_\_\_\_ End of Sophomore Year
- \_\_\_\_\_ End of Junior Year
- \_\_\_\_\_ Final Transcript

I authorize the release of this transcript:

\_\_\_\_\_  
Parent Signature **OR** Student Signature if 18 or older

.....

Office use only: Date transcript sent \_\_\_\_\_

Sent by \_\_\_\_\_

**Send Request to:** Registrar's Office  
Central High School  
2200 S Roosevelt  
Aberdeen, SD 57401  
[Susie.Wakefield@k12.sd.us](mailto:Susie.Wakefield@k12.sd.us)  
Fax: 1-605-725-8199

There is a \$5.00 charge if transcript is over 5 years. (Make check payable to Aberdeen Central High School)