

Gateway High School

Alumni Transcript Request

| Request for Transcript (ALUMNI) | |
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| Request for the Record of (Name used while in school) | |
| Year of Graduation | |
| Address while in attendance | |
| Present Address | |
| Current Telephone Number | |

| PERMISSION FOR RELEASE OF RECORDS | | | |
|--|--|------|--|
| <i>Please √One Option then Sign and Date</i> | | | |
| | <u>GATEWAY HIGH SCHOOL GRADUATE</u> (Alumni) – I, the above-named person, having attained the age of eighteen years, do hereby request and give permission to release information and data from my record. | | |
| | <u>PARENT/GUARDIAN ONLY</u> – I, the undersigned, as parent or legal guardian of above-named person, do hereby request and give permission to release information and data from above-named person's record. | | |
| Signature | | Date | |

| Transcript is to be emailed or mailed to person/place requesting it. (Please PRINT neatly and complete all information below.) | |
|--|--|
| School / Agency | |
| To the Attention of | |
| Street Address or Box # | |
| City / State / Zip Code | |
| Email | |

IMPORTANT:

Once this form is completed and signed, please EMAIL to kmanso@gatewayk12.org
Transcripts will automatically be processed within 10 business days of receipt.