



New Vision High School

Registrar Office
 201 W. Mullan Ave
 Post Falls, ID 83854
 Phone: (208) 773-3541
 Fax: (208) 773-3542

Transcript/Records Request Form

Please send a completed transcript request form to the fax # or address above.
 Transcripts will include SAT/ACT test scores if available.

Information About You:

Last Name	First Name	M.I.	Previous/Maiden Last Name
Current Address			Birth Date
City	State	Zip Code	Phone Number
<input type="checkbox"/> New Vision H.S. Graduate Year Graduating: _____		<input type="checkbox"/> Non - Grad Year Withdrawn: _____	

If picking up, please complete below:

Date:
Time:

Send Transcript(s) to:

Recipient	Recipient
Address	Address
Fax	Fax

I authorize New Vision High School to send transcripts of my academic record to the destination(s) indicated on this request. I understand that New Vision High School cannot accept responsibility for transcripts lost in the U.S. Mail system.

Signature _____ Date _____

For Official Use Only

Date Requested:	Date Mailed:	Date Faxed:	Date picked up: