



Farmington High School

20655 Flagstaff Avenue Farmington, MN 55024

Transcript Request Form

Student Name: _____ Graduation Year: _____ DOB: _____
 Date: _____ Phone Number: _____

- Each college transcript must be requested in NAVIANCE **first**. *(current student only)*
- \$5 fee for each transcript requested. *(cash, check or money order-no electronic payments)*
- Fee exempted for students participating in the free or reduced meal program.
- Fee exempted for PSEO transcript requests.
- FERPA Waiver must be completed in NAVIANCE for **Common Application** transcript requests.

Please send transcript to:	For: College	Scholarship	Other
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete/send the following with transcript on my behalf:

____ Additional form(s) for counselor (included with Transcript Request.)

I hereby authorize Farmington High school to send the transcript(s) and college or scholarship application materials indicated above to the colleges or agencies listed on this form:

Student Signature: _____

Parent Signature: _____

(Required for students under 18)

FOR OFFICE USE ONLY	
Date Received:	_____
Total Fees Paid:	_____
Check # _____	Cash _____
Date Sent:	_____