

OFFICIAL TRANSCRIPT REQUEST

CYPRUS HIGH SCHOOL

8623 West 3000 South

Magna, UT 84044

Phone: (385)646-5302

Attention: Marilyn Strong, Registrar

PLEASE PRINT CLEARLY:

Student # (If Available): _____

Date: _____

Graduation Year: _____

Phone #: _____

Name: _____ Birth Date: _____

Last

First

Middle

✓ Requests must be completed, signed and dated to be processed.

(YOU MUST PRINT THIS FORM AND MAIL OR BRING IT TO THE SCHOOL COUSELING CENTER.)

✓ Mail your requests to the above address, with a **\$2.00 processing fee.**

✓ WALK-IN REQUESTS REQUIRE 24 HOUR NOTICE.

SELECT ONE OF THE FOLLOWING:

I would like to pick up my transcript at the Cyprus High Counseling Center Monday thru Friday from 8:00 am to 3:00 pm.

I would like my transcript mailed to the following:

() University of Utah () Salt Lake Community College () Dixie State University

() Brigham Young University () Utah Valley University () LDS Business College

(Provo, Idaho, Hawaii)

() Weber State University () Southern Utah University () Utah State University () Snow College

() Westminster College () Utah State Eastern

(It is NOT necessary to list the addresses for the Utah Colleges/Universities listed above.)

**** OTHER** College/University OR your personal address: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize Cyprus High School to release a copy of my transcript.

Student Signature: _____ Date: _____