

**TRANSCRIPT ORDER FORM**  
**TAYLORSVILLE HIGH SCHOOL**  
**5225 S REDWOOD RD**  
**TAYLORSVILLE, UT 84129**  
**Phone: 385-646-5455 Fax: 385-646-5457**

1. If you live in the Salt Lake area, you may come to the Taylorsville High Registrar's office to request a transcript. You must bring with you photo I.D., this completed form and payment, (\$2.00 for each copy and money is cash or money order form only). Transcripts cannot be released to anyone but the former student due to identity reasons. During summer months, please call ahead to ensure someone will be here for you.  
Hours: 8:00 a.m. – 2:00 p.m.
2. If you live outside the Salt Lake area, or would like to request a transcript by mail, complete this order form, include payment (cash or money order) and mail to Taylorsville High School.
3. Any fines left owing at the time you left Taylorsville High will need to be cleared before a transcript can be released.
4. If you need a transcript faxed, please include the fax number on the order form.

<b>LAST NAME:</b> <i>(AS IT APPEARED DURING SCHOOL)</i>	<b>FIRST NAME:</b>	<b>MIDDLE NAME/INITIAL:</b>
<b>DATE OF BIRTH:</b>	<b>PHONE NUMBER:</b>	<b>GRADE EXITED OR YEAR OF GRADUATION:</b>

Number of **OFFICIAL** transcripts needed \_\_\_\_\_ **\$2.00 for each transcript**  
*(Signed, sealed, sent in a letterhead envelope, used primarily for college admissions, scholarships, employment, etc.)*

Number of **UNOFFICIAL** transcripts needed \_\_\_\_\_ **\$2.00 for each transcript**  
*(Not signed, not sealed, used primarily for personal reference)*

**Send to (please mark):**

- |   |  |
|---|--|
| <input type="checkbox"/> Brigham Young University                   | <input type="checkbox"/> College of Eastern Utah |
| <small><i>*this includes all BYU schools, Idaho, Hawaii</i></small> |  |
| <input type="checkbox"/> Dixie State College                        | <input type="checkbox"/> LDS Business College    |
| <input type="checkbox"/> Salt Lake Community College                | <input type="checkbox"/> Snow College            |
| <input type="checkbox"/> Southern Utah University                   | <input type="checkbox"/> Steven Henager College  |
| <input type="checkbox"/> University of Utah                         | <input type="checkbox"/> Utah State University   |
| <input type="checkbox"/> Utah Valley University                     | <input type="checkbox"/> Weber State University  |
| <input type="checkbox"/> Westminster College                        | <input type="checkbox"/> <b>OTHER:</b> _____     |

<b>OFFICE USE ONLY:</b>	
Date Received: _____	Date Sent: _____
FOP: _____	Signature: _____

I hereby give my permission to release a copy of the Educational Record to the above school or party.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_