

Final Transcript Request for Graduates of Grace Community High School

Name: _____ Date: _____

Signature: _____ Class of: _____

Please list a cell phone number and email address which can be used to contact you if needed.

cell phone number

email address

Please list name of college(s) to which you would like a final transcript sent.

Please complete this form and email it to the Registrar:

Karen Cannon, kcannon@gracetyler.org