## Tularosa High School

## Transcript Request Form



Please complete form, sign and send scanned copy with signaure. Return to Tularosa High School by email to alynn.hooper@tularosak12.us or by fax (575)585-8112

| Please send a cop | by of my transcripts to the following | University:        |
|-------------------|---------------------------------------|--------------------|
|                   |                                       |                    |
| Name at Time of C | Graduation (Please print or type)     | Date of Graduation |
| Student Signature |                                       |                    |
| Date of Birth     | and/or SSN                            |                    |
| Date              |                                       |                    |

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