**TRANSCRIPT ORDER FORM**

**GISH Phone 308 385-5950**

Mail with **$2.00 fee for each** official transcript to:

Grand Island Senior High School

Attn: Registrars’ Office

2124 N. Lafayette Ave.

Grand Island, NE 68803



Please provide the student’s name as it appeared on school records while attending GISH:

**LAST Name FIRST Name MIDDLE Name**

Student’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month/Date/Year

GISH Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what phone number can we reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what **email** address can we reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you graduate from Grand Island Senior High School? \_\_\_\_\_Yes \_\_\_\_\_No

GISH Graduation Date **or** Last Year of Attendance at GISH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number or copies requested:\_\_\_\_\_\_\_\_\_\_

I verify that I am the above-named individual or that I am the legal guardian of the above-named minor child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Today’s Date**

Full Name and Complete U. S. Postal Service Mailing Address

of Institution, University, or Person you wish to receive your official transcript:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE PRINT THIS FORM AND MAIL IT WITH THE $2.00 FEE FOR EACH TRANSCRIPT ORDERED.**

**THANK YOU.**