

Granton School District  
Request for Official Transcript and/or ACT

Full name/maiden name \_\_\_\_\_

Current Phone # \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Graduation Date or the last semester in which you were enrolled at Granton School District:

\_\_\_\_\_

Please send an official copy of my transcript to this address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I also need a copy of my ACT scores sent to this address (check if applies)

I authorize the Granton School District to release a copy of my Official Transcript including grades, GPA, class rank and graduation date to the above address. The Granton School District may also release a copy of my ACT scores, if I indicated that above.

Signature

Date

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**For Office Use Only**

Date sent \_\_\_\_\_

Sent by \_\_\_\_\_  
(initials)