

# Transcript Request

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Circle One: Pick Up or Send Transcript to:

**Include name and complete address for the college/university below**

**\*\*If the school is a University of Wisconsin School, address is not needed. \*\***

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Please Circle: Do you want your ACT score sent? Yes No Test Date: \_\_\_\_\_

Do you want your SAT score sent? Yes No Test Date: \_\_\_\_\_

**\*Additional Score Reports** (ASRs) are available (for a fee) at [www.actstudent.org](http://www.actstudent.org). Click on "Send your scores."  
To keep your scores confidential, ACT will not provide them to anyone by telephone, email or fax.

\* Let the office know which College/University to send your final transcript to.

\*Final transcripts will be available approximately the last week in June.

(Office use only: Date Request Processed \_\_\_\_\_)