High School Transcript Request Form

To the applicant: Please fill in your name and give this form to your guidance counselor.

Student Name: ______________________________________________________________

Last         First         Middle         Former/Maiden Name

This applicant ranks _______ in a class of _______ and has a GPA of _____ on a ______ scale.

This rank is _____ weighted _____ unweighted. This GPA is _____ weighted _____ unweighted.

Name (please print) ___________________________________________________________

Signature ___________________________ Date ______________________

Position ________________________________________________________________

High School Name _________________________________________________________

**Please attach an official copy of this student’s transcript and test scores and mail or fax to:

Shawnee State University
Office of Admission
940 Second Street
Portsmouth, OH 45662
Phone: 740.351.3221
Fax: 740.351.3111
www.shawnee.edu