

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

www.shawnee.edu