

**OFFICIAL HIGH SCHOOL TRANSCRIPT**

STUDENT INFORMATION	SCHOOL INFORMATION
<b>FULL NAME:</b>	<b>NAME:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>PHONE NUMBER:</b>	<b>PHONE NUMBER:</b>
<b>E-MAIL ADDRESS:</b>	<b>E-MAIL ADDRESS:</b>
<b>DATE OF BIRTH:</b>	<b>EVALUATOR:</b>
<b>PARENT/GUARDIAN:</b>	

**ACADEMIC RECORD**

SCHOOL YEAR:	GRADE LEVEL:		SCHOOL YEAR:	GRADE LEVEL:	
<i>Course Title</i>	<i>Credit Earned</i>	<i>Final Grade</i>	<i>Course Title</i>	<i>Credit Earned</i>	<i>Final Grade</i>
<b>Total Credits:</b>	<b>GPA:</b>	<b>Cumulative GPA:</b>	<b>Total Credits:</b>	<b>GPA:</b>	<b>Cumulative GPA:</b>
SCHOOL YEAR:	GRADE LEVEL:		SCHOOL YEAR:	GRADE LEVEL:	
<i>Course Title</i>	<i>Credit Earned</i>	<i>Final Grade</i>	<i>Course Title</i>	<i>Credit Earned</i>	<i>Final Grade</i>
<b>Total Credits:</b>	<b>GPA:</b>	<b>Cumulative GPA:</b>	<b>Total Credits:</b>	<b>GPA:</b>	<b>Cumulative GPA:</b>

<b>ACADEMIC SUMMARY</b>  <b>CUMULATIVE GPA:</b>  <b>CREDITS EARNED:</b>  <b>DIPLOMA EARNED:</b>  <b>GRADUATION DATE:</b>	<b>ATTACHMENTS</b> <input type="checkbox"/> Grading scale <input type="checkbox"/> List of other schools attended <input type="checkbox"/> Other:  <input type="checkbox"/> Other:	<p><i>I do hereby self-certify and affirm that this is the official transcript and record of (Name of Student) in the academic studies of (Academic Years).</i></p> Signature: _____  Title:  Date:
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