

REQUEST FOR OFFICIAL TRANSCRIPT OR DUPLICATE DIPLOMA

Student Name: _____

Excel High School Student ID# _____

Date of Birth: ____/____/____ Year of Graduation: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email: _____ Date Required: _____

Receiving Entity Name: _____

Street Address: _____

City: _____ State: ____ ZIP: _____

Purpose: ____ Post Secondary College/School ____ Prospective Employer

____ Other School (transfer) ____ Armed Forces

____ Scholarship ____ First Marking Period Grades

____ Mid-Year Report ____ **Replacement Diploma (Reprint \$ 29.00)**

Number of Transcripts Requested _____ (Official Transcripts are \$ 10.00)

PLEASE NOTE THAT STUDENTS ARE RESPONSIBLE FOR REPORTING SAT/ACT SCORES TO COLLEGES

Payment information: We accept: Visa, Mater Card, American Express, Discover

Card Holder Name: _____

Card Holder Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Credit Card Number: _____

Exp. Date _____ CVV # (3-digits on back of card) _____

Authorized Adult Signature: _____ Date: _____

Please complete and fax to the Excel High School Registrar at (952) 465-3701

Mail to: Excel High School, Attn: Registrar: 4445 West 77th Street, Suite 212, Edina, MN 55435

Please be advised that requests not accompanied by payment will not be processed.