

AMERICAN SCHOOL OF MADRID
TRANSCRIPT REQUEST

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- 1) Print and complete this form, and mail, email or fax it to the Guidance Office at the address or fax/email above. *Please complete a separate request for each person or institution to receive a transcript.*
- 2) Colleges and universities in general prefer transcripts to be mailed directly from the Guidance Office.
- 3) Please allow 10 working days to process your request. Transcripts will be processed as quickly as possible, in order of the date received.

Please print all information legibly.

Name _____ Class Year _____

Complete Address: _____

City: _____ State/Country _____

Zip/Postal Code: _____ Phone: _____

Email address: _____

Date of Birth: _____ Signature (required) _____

Today's Date (date of request): _____

Transcript should be sent:

- Now (allow 10 days to process)
- To arrive by deadline: _____
- Other instructions: _____

Address to which transcript should be sent:

- Your address, listed above, **OR**
- New Address _____