CASCADE HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Complete this form and return to the Cascade High School Counseling Office or mail to:

Cascade High School
ATTN: Transcripts
505 Johnson St. NW
Cascade, IA 52033

Please print:

Name: _____ Date: _____

(Last, First, Middle Initial)

Year graduated/graduating or last year attended: _____

_____ Official

_____ Unofficial

To be sent to: _____

_____

_____

_____

ACT scores will automatically be sent with transcripts to the address listed above unless the following box is check: ☐

Please note: If an official transcript is needed, the transcript must be sent directly to the business or institution by Cascade High School. Any transcript given or mailed to the student will be considered unofficial, stamped "unofficial" and may be considered unofficial by the receiving party.

Incomplete forms may delay processing or may result in partial transcript process. Please allow 24-48 business hours for ALL processing from the date received in our office.

Signature:_____ Phone: _____

For Office Use Only

Date Processed & Mailed: _____ By: _____