

CEDAR FALLS HIGH SCHOOL TRANSCRIPT REQUEST FORM

INCOMPLETE FORMS MAY DELAY PROCESSING OR MAY RESULT IN PARTIAL TRANSCRIPT PROCESSING.

Sign & mail this completed form to: Cedar Falls High School
ATTN: Transcripts
1015 Division St.
Cedar Falls, IA 50613

Please **allow 24-48 business hours for ALL processing**, from the date received in our office. There is a \$5.00 transcript or immunization fee charged for each transcript or immunization ordered. If requesting same day service, a \$10.00 fee is charged. Please include a check or money order payable to Cedar Falls High School with your request.

Transcripts/immunizations will **not** be sent if a hold has been placed on your account due to unpaid fines/fees due to Cedar Falls High School.

DATE _____

NAME _____
(PLEASE PRINT and list maiden name if married)

Alternative

CFHS

YEAR GRADUATED (or LAST YEAR ATTENDED) _____ Dropped

TO BE SENT TO: _____

OFFICIAL _____

UNOFFICIAL _____

IMMUNIZATION _____

Please note: If an official transcript is needed, the transcript must be sent directly to the business or institution by Cedar Falls 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.

SIGNATURE _____ Phone: _____

FOR OFFICE USE ONLY

Processed & Mailed ___/___/___ By: _____ Paid _____