

AITKIN HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please send an official transcript to:

*****Please note that most colleges will only accept an official transcript sent directly from the high school.***

_____ Name - Please print	_____ Name on school records - if different
_____ Year of graduation	_____ Birth date
_____ Signature	_____ Today's Date
_____ Parent/Guardian - if under 18 years old	

Mail or fax this request to:

Aitkin High School
Transcript Request
306 2nd St NW
Aitkin, MN 56431

Fax # 218-927-2630
To: Transcript Request

Allow two to three business days for processing.