



# Pike High School

## Guidance Office

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### TRANSCRIPT REQUEST FORM

Purpose of Request:     College     Employment     Military     Personal

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name while in High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduation Year/Last Year Attended: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Send transcript by:

Mail      Name/Company/School: \_\_\_\_\_  
                 Address: \_\_\_\_\_  
                 City/State/Zip: \_\_\_\_\_  
                 Attention: \_\_\_\_\_

Fax      Name/Company /School: \_\_\_\_\_  
                 Attention: \_\_\_\_\_  
                 Fax Number: \_\_\_\_\_

E-mail      Name/Company/School: \_\_\_\_\_  
                 E-mail Address : \_\_\_\_\_

*Please sign & date for authorization to send/release transcript.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For information on transcripts, please visit our website at: <http://www.pike.k12.in.us/4/Content2/678>**