



Tarkio R-I School District
312 South 11th Street
Tarkio, Missouri 64491



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TRANSCRIPT REQUEST FORM FOR TARKIO HIGH SCHOOL GRADUATES

Today's Date _____

I, _____ (*full name at graduation*) give permission for Tarkio R-1 school district to:

- _____ Send a copy of my official transcript to the name and address listed below.
- _____ Provide me with an unofficial copy of my transcript.
- _____ Provide me with an official copy of my transcript in a sealed envelope.
- _____ Release my transcript to another designated person – listed below.

(Name of higher institution, college, university, school, employment agency, or person)

(Address)

_____ (City) _____ (State) _____ (Zip Code)

Signature: _____

Class of: _____

Birth Date: _____

Maiden Name: (*if applicable*) _____

	Date Mailed: _____
	Initials of Sender: _____