

COTTER HIGH SCHOOL

Request for: **OFFICIAL TRANSCRIPT**

Name _____
(Last) (First) (Middle)

Name used when attending Cotter (if different from above):

(Last) (First) (Middle)

Last year of attendance:

(Month) (Year)

Telephone number: _____

Address to where the transcript should be sent:

Name: _____

Street: _____

City, State, Zip: _____

* If more than one transcript is desired, use the back of this form

Signature of person on transcript Date

Cost per transcript is \$4.00

After this form is signed and dated, return via mail with check or money order made out to:

Cotter High School
Counseling Office
1115 W. Broadway St.
Winona, MN 55987

Because we need a **signed** request form phone, fax, and email requests will not be accepted.