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**NO TRANSCRIPT WILL BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED. WE DO NOT FAX TRANSCRIPTS. COLLEGE & CAREER READINESS (BASIC SKILLS) OFFICE REQUIRES A 24-HOUR NOTICE OF A TRANSCRIPT REQUEST.**

**LAST NAME FIRST NAME MIDDLE INITIAL**

**MAIDEN NAME SOCIAL SECURITY # DATE OF**

**BIRTH**

**ADDRESS**

**CITY STATE ZIP CODE**

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**COMPLETION:**

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**Code**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current**

**This authorizes release of my AHS transcript Date**

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