



Edina High School
6754 Valley View Road
Edina, MN 55439
(952) 848-3800

Official Transcript Request Form

Former Edina High School Student

- Payment and a signature are required for processing. The fee for each transcript is \$5.00.
- Transcripts will be sent out first class mail within 2-5 days of receiving this request.
- Print out and complete this entire form and mail it along with payment (payment can be made by check or money order made payable to Edina High School) to:

Edina High School
Attn: Counseling Department
6754 Valley View Road
Edina, MN 55439-1761

☐ Please include ACT/SAT
test scores if available

Name: _____
Last First M.I.

Maiden or Former Name: _____

Date of Birth: _____

Year of Graduation: _____ **OR** Dates of attendance: _____

Current Address: _____

Phone #: (Required for contact if there is a problem processing the request.) _____

SEND TRANSCRIPT TO: (Please Print)

1.	Institution/Organization: _____ Attention: _____ Street Address: _____ _____ City, State and Zip Code: _____
2.	Institution/Organization: _____ Attention: _____ Street Address: _____ _____ City, State and Zip Code: _____
3.	Institution/Organization: _____ Attention: _____ Street Address: _____ _____ City, State and Zip Code: _____

I hereby authorize Edina High School to release my transcript to address(es) listed above:

Signature: _____ Date: _____