

# TRANSCRIPT REVIEW Only for use by Seniors

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Student's Email \_\_\_\_\_

COUNSELOR'S NAME \_\_\_\_\_

- Please fill out this form as completely as possible.
- Attach copies of any documentation directly to this form.
- If no documentation exists, you must get the teacher's verification & signature on this form.

Nature of transcript problem (course missing, grade missing, credit incorrect, etc.):

**If the only source of verification is the teacher**, please ask the teacher to explain what must be changed and to sign below.

According to your records, what should appear on this student's transcript for \_\_\_\_\_ class?

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date