## Transcript Request Please fill out this form, sign, and mail or fax to:

Sorenson's Ranch School Office of the Registrar PO Box 440219 Koosharem, UT 84744

Phone: (435) 638-7318; Fax: (435) 638-7582; Email: marleneh@sorensonsranch.com

Student Name (print clearly) Last	First		Middle
Other Name(s) used while attending SRS		Date of Birth (mm/dd/yyyy)	
· ·		, SSSS,	
Street Address		Telephone Number	
City	State		Zip Code
E-mail Address	Date first enrolled (mm/yyyy)		Date withdrawn (mm/yyyy)
L man ridaress	Bute in se em oned (min yyyy)		Date Wiener awn (mmi yyyy)
Student Signature (Transcript cannot be sent without student's signature, if over 18)			
Parent/ Guardian Signature (Required if student is under 18)			
Mail to: (Please use a separate form for each different addressee)			
177an to. (1 lease use a separate form for each different addressee)			
Fax to:			
( ) Attn:			
Please Check All that Apply: Unofficial transcript (\$5.00 – fax or mail)*			
Official transcript – signed and sealed by registrar (\$10.00 – mail only)*			
Official transcript sent certified mail (\$15.00 – includes transcript and standard postage)*			
Photocopy of Diploma (\$5.00-fax or mail)*			
Replacement Diploma (\$50.00-diploma and \$4.95-postage)*  Add 24-Hour service (\$5.00 – processing time only; does not include mailing/ delivery time)			
* Postage fees included are for standard mail only. Overnight, two-day, UPS, FedEx, etc. are an additional expense.			
* Please allow 5 business days for processing; does not include mailing/ delivery time. Transcripts of records prior to 1996 will take an additional 3 days to process.			
* Transcripts paid for by personal check (made payable to Sorenson's Ranch School) will be held until the			
check clears.			
Mail / fax immediately Mail/ fax after SRS withdrawal Mail/ fax after graduation			
Mail / fax immediately Mail/ fax	after SRS withdrawal	Ma	il/ fax after graduation
If you would like to pay by credit card, the following is REQUIRED:			
Cradit Card #: Evniration Data:			
Credit Card Statement Address:	Expiration Date:         cvv code:           Zip Code:		
Card Holder's Signature:			
Please note: All financial obligations to SRS must be satisfied before transcript can be released.			