



103 Alford St.
Flippin, AR 72634
Phone: (870) 453-2233
Fax: (870) 453-7380

REQUEST FOR TRANSCRIPT

Please Print: Name Enrolled Under (Last, First, Middle, Other):

Date of Birth: _____

Last 4 digits of Social Security Number: _____

Phone Number: _____

Mailing Address: _____

Date Graduated/Last Attended: _____

Please choose to send transcript or pick up:

- Send Transcript to (email, fax or complete address):

- I will pick up my transcript on this date:

Signature _____

Date _____

Requests may be mailed, faxed or emailed to:

Flippin High School
Angie Nix, Counselor
103 Alford St.
Flippin, AR 72634
Fax: (870) 453-7380
Email: angienix@flippinschools.net

Office Use Only

<i>Date Processed</i>

<i>Initials</i>