# HALFWAY R-III SCHOOL DISTRICT

## “Home of the Cardinals”

#### Karla Spear Dr. Tim Boatwright Lance Roweton

##### Elementary Principal Superintendent High School Principal

Ph: 417/445-2215 2150 Highway 32 Ph: 417/445-2211

Fax: 417/445-6714 Half Way, Missouri 65663 Fax: 417/445-3330

Ph: 417/445-2351

Fax: 417/445-2026

**Transcript Request Form**

I am requesting that Halfway R-III Schools submit a copy of my transcript

to the following:

Name of Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Please print name here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign name here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_Do you need your ACT scores sent also\_\_\_\_\_\_\_\_\_\_\_

For office use only, date sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_