

Send to: Transcripts and Records  
Banner County Schools  
Box 5, School Street  
Harrisburg NE 69345

Student's Signature \_\_\_\_\_ DATE: \_\_\_\_\_  
(Required by Federal Law)

TRANSCRIPTS WILL NOT BE ISSUED IF ANY INSTITUTIONAL HOLDS EXIST

TRANSCRIPT FEE \$0.00

Print: Last Name First Middle

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Maiden or other names used \_\_\_\_\_ PHONE # \_\_\_\_\_

SEND TRANSCRIPT TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT LEGIBLY—MAILING LABEL Use separate form for each addresse

SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PRESENTLY ENROLLED YES  NO

IF NO, DATE OF LAST ENROLLMENT \_\_\_\_\_

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