



# REQUEST FOR TRANSCRIPT ALTERATION

If a discrepancy is discovered and it is determined that an alteration to a student's transcript is needed, fill out the form below, sign, and return to the **school principal**. The requestor will be notified once a decision has been made.

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Course Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher of Record: \_\_\_\_\_ Recorded Grade: \_\_\_\_\_

Reason(s) for Transcript Alteration: \_\_\_\_\_

\_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Requestor's Role (i.e. student/parent/teacher): \_\_\_\_\_ Date: \_\_\_\_\_

Response of Teacher of Record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher of Record Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Internal Use Only:*

**Request Approved:**  YES  NO

If request approved, explain action taken to complete request: \_\_\_\_\_

\_\_\_\_\_

If request denied, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Asst. Superintendent of Student Support Services \*Date of Completion