

NCAA CLEARINGHOUSE TRANSCRIPT REQUEST

NAME: _____ ID#: _____

ADDRESS: _____

PHONE #: _____

YEAR OF GRAD.: _____

CLEARINGHOUSE ID#: _____

I, _____, request that my official high school transcript be sent to:

**NCAA Eligibility Center
P.O. Box 7136
Indianapolis, IN 46207**

GRADUATION YEAR: _____

_____ **Junior Transcript (upon completion of 6 semesters)**
student's initials

_____ **Final Transcript (only sent after graduation in June)**
student's initials

NOTES FOR NCAA COUNSELOR:

Note: Official transcripts must be mailed from the school directly to the NCAA Clearinghouse.

****REQUEST DEADLINE****

Please allow ten (10) days for processing.

***Student Signature**

Date

***Parent Signature**

Date