

**MY Foundation: Street Smarts to Great Starts Corp.** 

## TRANSCRIPT REQUEST FORM

To: School Administrator at:	Date:
This form is being submitted to request an of	fficial copy of a high school transcript for The transcript is being requested for program
purposes to include high school enrollment v	verification, and to verify grades grade point average, mentioned above is requesting this transcript, we
Please indicate the cost of the transcript by cobelow: (Please circle, or write in amount characteristics)	circling the amount, or by writing the amount listed arged by school for transcript)
Transcript Fee: \$5.00 \$10.00 \$20.00	Other:
•	rm to the student or parent mentioned above. You s if needed. If you have any additional questions rganization representative, please contact:
Dr. Shenika Jackson, PhD Chief Operating Officer, COO MY Foundation: Street Smarts to Great Start 4601 S. Cottage Grove Avenue PO Box 53451 Chicago IL 60653 (312)-576-7551 Email: sj@mygreatstarts.com	ts Corp.
Administrator Signature	Date Transcript Requested