REQUEST FOR TRANSCRIPT

Please print or type the following information:

NAME: _____

Maiden Name: (if applicable) _____

DATE OF BIRTH: _____ **GRADUATION YEAR**: _____

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SEND TRANSCRIPT TO:

NAME OF SCHOOL/BUSINESS: _____
ATTN: _____
MAILING ADDRESS: _____
_____
CITY: _____**STATE:** _____ **ZIP:** _____

Requests must be signed by the person whose transcript is being sent in order for request to be completed:

_____ _____
Signature of Person Requesting the Transcript **DATE**

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Mail or fax your request to:

Judy Rodewald
Steeleville High School
701 South Sparta Street
Steeleville, IL 62288
Fax: 618.965.3433

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Please provide contact information in case we have any questions or need to contact you.

Name _____ Phone #: _____