# REQUEST FOR TRANSCRIPT

## Please print or type the following information:

**NAME:** _____

Maiden Name: (if applicable) _____

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

**********

## 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**

**********

## Mail, fax, or email your request to:

Jennifer Haertling
Steeleville High School
701 South Sparta Street
Steeleville, IL 62288
**Fax:** 618.965.3433
**Email:** jhaertling@steeleville138.org
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**Please provide contact information in case we have any questions or need to contact you.**

Name _____ Phone #: _____