

GRADUATED/WITHDRAWN STUDENT TRANSCRIPT REQUEST FORM

(All requested information must be included for timely processing)

Date: _____

I hereby grant full permission to MARENGO COMMUNITY HIGH SCHOOL to release my **transcript** to:

Name of school/organization/agency/to receive transcript

Mailing Address

*includes record of grades, grade point average, rank in class

Student pickup

Send ACT scores

Your identifying information (please print)

First name M.I. Last Name Maiden Name

Current address

Phone Number

Year of Graduation/Withdrawal

Birth Date

Signature required

Return this form to:

Marengo High School
Attn: Debbie Gorter, Registrar
110 Franks Rd.
Marengo, IL 60152
Phone: 815/568-6511 Ext. 1303
Fax: 815/568-6247

Office use only:

Date received: _____

Date sent: _____