

# GRADUATED/WITHDRAWN STUDENT TRANSCRIPT REQUEST FORM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

*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: \_\_\_\_\_