

Request for Transcript

Gardner-South Wilmington High School - 500 East Main St. - Gardner, IL 60424

Phone: 815-237-2176 Fax: 815-237-2842

Note: A 48-hour notice is required when requesting transcripts and a \$2 fee will be charged.

_____			_____
Full Name k \ Y b " U H Y b X Y X			Date:

Current Address			

_____	_____	_____	_____
City	State	Zip Code	Phone
_____			_____
Date of Birth			Year Of Graduation

Student Signature			

THIS SECTION MUST BE COMPLETED BY STUDENT

CHECK ONE:

PLEASE NOTE: Transcripts being picked up or sent: indicate on the line what the transcript will be used for, i.e. employment or school (indicate name of school).



I will pickup my unofficial transcript. It will be used for:

I want my official transcript sent to: **Must complete address or will delay process**

School, Organization, or Business

City

State

Zip Code

***OFFICIAL transcripts will be prepared in a sealed envelope and will be considered UNOFFICIAL if opened.**

For Office Use Only

Date: _____

Processor: _____

Sent

Picked Up