

Transcript Request Form

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| Name: (include all names ever used) : |
| Street address: |
| City, State, Zip: |
| Today's Date _____ Mail immediately |
| Mail after current grades are available _____ (year/semester) |
| Mail after _____ |
| Phone: () |
| Dates of attendance: |
| Date of Birth: |
| Mail ____ (# of copies) to address: |
| Mail ____ (# of copies) to address: |
| Mail ____ (# of copies) to address: |
| Fax # (if transcript is to be faxed) Attn: |
| Signature: (required) |

Send To: **Flora High School**, Attention: Guidance Office, 600 S. Locust Street, Flora, IL 62839

(618) 662-8316 FAX (618) 662-2725