

ROBINSON HIGH SCHOOL

2000 N CROSS ST, ROBINSON, IL 62454
618-544-9510 FAX 618-544-7921

TRANSCRIPT REQUEST FORM

To request a transcript, please submit this signed form along with payment of \$4.00 per transcript to Robinson High School. If you choose to fax or email your request, please mail your check or money order as soon as possible. Please include a note stating your request was sent via fax or email. We will process your request as soon as payment is received.

PLEASE PRINT LEGIBLY

Name: _____ Social Security #: _____
Last First Middle

Former name used at Robinson High School. Date of Birth: _____

_____ Graduation Date: _____
Last First Middle

Student's Current Address

Street Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____ Daytime Telephone Number: _____

Name of person or organization to receive transcript:

1. _____

Address: _____ City: _____ State: ___ Zip: _____

2. _____

Address: _____ City: _____ State: ___ Zip: _____

3. _____

Address: _____ City: _____ State: ___ Zip: _____

For more requests, please use back of form.

Please select one of the following:

____ Send transcript immediately.

____ Send transcript(s) in individually sealed envelopes, mailed to the student, with the Registrar's signature across the flap of the envelope.

Signature of Student Requesting Transcript: _____ Date: _____

We cannot process a transcript request without an authorizing signature.