

# ROBINSON HIGH SCHOOL

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

## TRANSCRIPT REQUEST FORM

**\*NOTE: LEGISLATION PASSED IN 2014, ALLOWS YOU THE RIGHT TO REQUEST REMOVAL OF ONE OR MORE SCORES RECEIVED ON COLLEGE ENTRANCE EXAMS FROM YOUR TRANSCRIPT. IF YOU CHOOSE TO REMOVE SCORE(S) YOU MUST PRESENT A LETTER IN WRITING LISTING WHAT SCORE(S) YOU WOULD LIKE REMOVED.**

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