

TRANSCRIPT REQUEST

Date: _____

Name on transcript: _____

Current name: _____

Year graduated or last attended: _____

Date of birth: _____

All transcripts issued to students are considered *unofficial* . Please provide the mailing address of any college or other agency that requires an official transcript and it will be mailed directly.

College/Agency name _____

Address _____

City, State and Zip _____

I authorize Sterling High School to release the transcript of my grades:

Signature: _____

Address: _____

City, State and Zip: _____

Telephone number: _____

Request can be mailed, emailed or faxed to:

Kris Hippen, Registrar

Sterling High School

1608 - 4th Ave

Sterling, IL 61081

khippen@sterlingschools.org

(815) 622-4157 fax

Office use only: _____