

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 or faxed to:
Kris Hippen, Registrar
Sterling High School
1608 4th Ave
Sterling, IL 61081
(815) 622-4157 fax