

Quincy Senior High School 3322 Maine Street Quincy, IL 62301 Phone: (217) 224-3770

Fax: (217) 228-7149

Transcript Request Form

- Transcript requests will be processed <u>within 7-10 business days</u> of receiving this request and mailed via first class mail.
- Payment and a signature are required for processing. The fee for each transcript copy is \$3.00.
- If any QHS financial obligations are pending, please contact the QHS Main Office to see what is owed and to forward payment.
- Print out and complete this entire form and mail it along with payment to:

Quincy Senior High School Attn: Registrar 3322 Maine Street Quincy, IL 62301

Name:	First	Middle
laiden or Former Name:		
ate of Birth:		
ear of Graduation:	OR Years of Attendance	:
ddress	City	State Zip
hone #: (Required for contact if there is a p	problem processing request.)	
END TRANSCRIPT TO: (Please P	rint)	
Institution/Organization:		
Attention:		
Street Address:		
City, State and Zip Code:		
nereby authorize Quincy Senior F	ligh School to release my trans	script to the address listed above.
ignature		Date
uthorized to Release Transcript t	0:	
ignature of Person Picking up Tra	anscript:	Date
OR OFFICE USE ONLY		
ate Transcript Request Received:	Date Transcript Prepared: _	Ву
ailed Pick Up Emailed F	axed Photo ID Provid	ed: