



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 **within 7-10 business days** 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: _____
Last First Middle

Maiden or Former Name: _____

Date of Birth: _____

Year of Graduation: _____ OR Years of Attendance: _____

Address _____ City _____ State _____ Zip _____

Phone #: (Required for contact if there is a problem processing request.) _____

SEND TRANSCRIPT TO: (Please Print)

Institution/Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

I hereby authorize Quincy Senior High School to release my transcript to the address listed above:

Signature _____ **Date** _____

Authorized to Release Transcript to: _____

Signature of Person Picking up Transcript: _____ **Date** _____

FOR OFFICE USE ONLY

Date Transcript Request Received: _____ Date Transcript Prepared: _____ By _____

Mailed _____ Pick Up _____ Emailed _____ Faxed _____ Photo ID Provided: _____