

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 \$1.00.
- 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 the	ere is a problem processing request.)	
SEND TRANSCRIPT TO: (PI	ease Print)	
Institution/Organization:		
Attention:		
Street Address:		
City, State and Zip Code:		
•		
I hereby authorize Quincy Se	enior High School to release my transcri	ipt to the address listed above:
Signature		Date
FOR OFFICE USE ONLY		
Date Transcript Received:	Date Transcript Mailed:	By
Back of Transcript:	Binder Info:	