



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 signature are required for processing. The fee for each transcript copy **is \$3.00**.
- If mailing in the form you must include a copy of your Photo ID.
- Print out and complete this entire form and mail it along with payment and a copy of your Photo ID 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: \_\_\_\_\_