



PRINCEVILLE HIGH SCHOOL ALUMNI TRANSCRIPT REQUEST FORM



Your Name (PRINT): _____

Your Street Address: _____

Your City, State, Zip: _____

Your Phone Number (To call if questions): _____

Your Social Security # (For security purposes only): _____ Grad Yr: _____

PLEASE SELECT YOUR REQUEST(S)

____ Please send a personal copy of my transcript to my home address written above.

____ Please send an “Official/Certified Transcript” to the following address(es) below:

**Recipient (#1): _____

** Street Address: _____

** City, State, Zip: _____

**Recipient (#2): _____

** Street Address: _____

** City, State, Zip: _____

**Recipient (#3): _____

** Street Address: _____

** City, State, Zip: _____

SIGNATURE

DATE

A fee of \$2.00 per transcript is required before processing.

Make checks payable to “Princeville High School”

Complete this form and mail to:

Princeville High School
Attention: Transcript Request
302 Cordis Avenue
Princeville, IL 61559

PLEASE NOTE THE FOLLOWING REGULATIONS:

- 1) No transcript will be issued to or for a student who is indebted to the school district.
- 2) Ordinarily transcripts will be issued within three business days of receipt. Allow at least two weeks during the summer months.
- 3) Transcripts are released **only** at the written request of the student.

FOR OFFICE USE ONLY: DATE SENT: _____ PAYMENT RECEIVED: _____ INITIALS: _____