

# TRANSCRIPT/HEALTH RECORD REQUEST

I request that the following record(s) be sent to the following college/  
scholarship committee/employer: (check all that apply)

\_\_\_\_\_ Transcript  
\_\_\_\_\_ Health Record

College/Scholarship Committee/Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
(Be sure to include maiden name if applicable)

Phone # (for contact purposes if we need to contact you): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

School Attended: \_\_\_\_\_  
(Necessary only if graduation date is 1985 or earlier.)

Today's Date: \_\_\_\_\_

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(For Office Use Only)

Date Transcript/Health Record Sent: \_\_\_\_\_ By: \_\_\_\_\_

ALL TRANSCRIPT/HEALTH RECORD REQUESTS MUST BE IN WRITING WITH A SIGNATURE INCLUDED WITH THE REQUEST. THIS PROCESS MAY BE DONE BY FAXING/MAILING THE ABOVE TRANSCRIPT/HEALTH RECORD REQUEST FORM OR BY FAXING/MAILING A LETTER WHICH INCLUDES THE FOLLOWING INFORMATION: 1.) NAME AT TIME OF GRADUATION (MAIDEN NAME IF APPLICABLE), 2.) YEAR OF GRADUATION (OR THE YEAR YOUR CLASS WOULD HAVE GRADUATED), 3.) WHERE THE TRANSCRIPT/HEALTH RECORD NEEDS TO BE SENT (PLEASE INCLUDE AN ADDRESS), AND 4.) A SIGNATURE. IN ORDER TO BE CONSIDERED OFFICIAL, TRANSCRIPTS NEED TO BE MAILED DIRECTLY TO THE SCHOOL/PLACE OF EMPLOYMENT/SCHOLARSHIP COMMITTEE, ETC. ANY TRANSCRIPT SENT TO THE PERSON REQUESTING THE TRANSCRIPT WILL BE UNOFFICIAL. THE FAX NUMBER TO THE GUIDANCE OFFICE IS 815-692-3855 AND THE MAILING ADDRESS IS PRAIRIE CENTRAL HIGH SCHOOL, ATTN: GUIDANCE OFFICE, 411 N. SEVENTH ST., FAIRBURY, IL 61739. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE GUIDANCE OFFICE AT 815-692-2355.