

ROBINSON HIGH SCHOOL

2000 N CROSS ST, ROBINSON, IL 62454
618-544-9510 FAX 618-544-7921

TRANSCRIPT REQUEST FORM

***NOTE:** LEGISLATION PASSED IN 2014, ALLOWS YOU THE RIGHT TO REQUEST REMOVAL OF ONE OR MORE SCORES RECEIVED ON COLLEGE ENTRANCE EXAMS FROM YOUR TRANSCRIPT. IF YOU CHOOSE TO REMOVE SCORE(S) YOU MUST PRESENT A LETTER IN WRITING LISTING WHAT SCORE(S) YOU WOULD LIKE REMOVED.

To request a transcript, please submit this signed form along with payment of \$4.00 per transcript to Robinson High School. If you choose to fax or email your request, please mail your check or money order as soon as possible. Please include a note stating your request was sent via fax or email. We will process your request as soon as payment is received.

PLEASE PRINT LEGIBLY

Name: _____ Social Security #: _____
Last First Middle

Former name used at Robinson High School. Date of Birth: _____

Last First Middle Graduation Date: _____

Student's Current Address

Street Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____ Daytime Telephone Number: _____

Name of person or organization to receive transcript:

1. _____
Address: _____ City: _____ State: ____ Zip: _____

2. _____
Address: _____ City: _____ State: ____ Zip: _____

3. _____
Address: _____ City: _____ State: ____ Zip: _____

For more requests, please use back of form.

Please select one of the following:

____ Send transcript immediately.

____ Send transcript(s) in individually sealed envelopes, mailed to the student, with the Registrar's signature across the flap of the envelope.

Signature of Student Requesting Transcript: _____ Date: _____

We cannot process a transcript request without an authorizing signature.