

RECORDS REQUEST FOR FORMER STUDENTS

In order to receive the records you are requesting, please print and sign the form below. The form must be mailed, faxed, emailed or dropped off at the high school main office in order to release your records. The email may be a picture of the form, with your signature, sent to abarnett@geneseoschools.org.

Please allow 48 hours (2 business days) turnaround time for processing.

Which records are you requesting? Transcript Immunization Records

Geneseo High School
Registrar
700 N. State St.
Geneseo, IL
61254

Phone: 309-945-0399

Fax: 309-945-0374

Date _____

Year Graduated (if applicable) _____

Date of Birth _____

Please give us the name you used you were attending school here:

Last Name _____

First _____ Middle _____

Married Name (if applicable) _____

Phone Number _____

Signature _____

To what address would you like us to mail your records?

Cost for records is \$2.00 per copy.

Please make checks payable to: CUSD #228