

TRANSCRIPT REQUEST FOR **CURRENT STUDENTS ONLY**

In order to receive or send the transcript 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.

Would you like your ACT/SAT Scores on your transcript? Yes No

Phone: 309-945-0399 Fax: 309-945-0374

Date _____

Graduation Year _____

Date of Birth _____

Last Name _____

First _____ Middle _____

Phone Number _____

Student Signature _____ Parent Signature _____

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