



# Non-Graduate Transcript Release Form

A *48-hour notice* is required when requesting transcripts. If you are a current student, please drop form off with your counselor after completing.

Mail request to: **Stephanie Ledesma, Asst. Registrar**  
**Minooka Community High School**  
**301 S. Wabena Avenue**  
**Minooka, IL 60447**

Fax request to: **815-467-2090**

Date: _____	Anticipated Graduation Date: _____ <small>MM/YY</small>	Include Class Rank <input type="checkbox"/> Y <input type="checkbox"/> N
Name: _____ <small>First M.I. Last</small>	Date of Birth: _____ <small>MM/YY</small>	Include SAT score <input type="checkbox"/> Y <input type="checkbox"/> N
Address: _____	City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Student Signature: _____	Email Address: _____	

**PLEASE NOTE:** Indicate on the line below what the transcript is being used for, i.e. employment or education (*list the name of school or employer*).

I will pick up my <input type="checkbox"/> UNOFFICIAL transcript. It will be used for: _____  _____ <b>OR</b> _____
I want my <input type="checkbox"/> OFFICIAL <input type="checkbox"/> UNOFFICIAL transcript mailed to: ( <i>Please fill out completely, or it may delay processing.</i> ) _____ Name of School, Organization or Employer _____ Street Address _____ City State Zip Code

----- *For Office Use Only* -----

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Mailed

Emailed

Picked up

Faxed ( ) \_\_\_\_\_