

NOTE: A 48-hour notice is required when requesting transcripts

Request for Transcript-Graduates

Minooka Community High School - 301 S. Wabena Ave. - Minooka, IL 60447

Phone: 815-467-2140 Fax: 815-467-2090

Date: _____

Name (Last, First, Middle)

Maiden Name or Former Name (if applicable)

Current Address

City

State

Zip Code

Phone

Social Security Number

Date of Birth

Month & Year
Of Graduation

Student Signature

THIS SECTION MUST BE COMPLETED

CHECK ONE:

PLEASE NOTE: Transcripts being picked up or sent:
indicate on the line what the transcript will be used for,
i.e. employment or school (indicate name of school).



I want my unofficial transcript sent to me. It will be used for:

I will pickup my:

Unofficial transcript

*Official transcript in sealed envelope

It will be used for:

I want my official transcript sent to: **Must complete address or will delay process**

School, Organization, Business, or Individual

Address

City

State

Zip Code

***OFFICIAL transcripts will be prepared in a sealed envelope and will be considered UNOFFICIAL if opened.**

For Office Use Only

Date: _____

Processor: _____

Sent

Picked Up