

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

Request for Transcript-Non-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)

Current Address

City State Zip Code Phone

Social Security Number Date of Birth Expected Month & Year Of Graduation

Student Signature

THIS SECTION MUST BE COMPLETED BY STUDENT

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 will pickup my unofficial transcript. 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