



EAST ST. LOUIS SCHOOL DISTRICT # 189

STUDENT RECORDS AND TRANSCRIPTS

\$5.00 PROCESSING FEE (MONEY ORDERS ONLY & COMPANY CHECKS)

PROCESS MAY TAKE 3-7 BUSINESS DAYS

TRANSCRIPT REQUEST FORM

Date of Request _____ Last (4) Digits of SS# _____

State ID# _____ Driver License# _____

(Print) Your Name _____
Last First MI

(Print) Last Name _____ **(while enrolled, if different from above)**

Date of Birth _____

Month Day Year

If graduated what year _____ **OR** the last year you attended _____

Last High School attended _____

(if you did not complete High School indicate below)

Last Junior High School attended _____

Last Elementary School attended _____

Please choose one:

Official copy ___ Unofficial copy ___ Shot Records ___ (Only for graduating Classes & Present)

Fax(____) _____ and Contact person name _____

Mail my Transcript to: Name of Organization _____

Attention To: _____

Address: _____

City, State & Zip: _____

Signature: _____

Contact Phone Number (____) _____