

# Urbana School District # 116

Attn: Transcript Request  
205 North Race Street  
P.O. Box 3039  
Urbana, IL 61803-3039

## TRANSCRIPT/RECORD REQUEST FORM

NAME \_\_\_\_\_  
                    Last                    First                    Middle  
(As it was in High School)

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

GRADUATED      OR      WITHDREW      YEAR \_\_\_\_\_  
                    (circle one)

PHONE # \_\_\_\_\_ NO. OF COPIES\* \_\_\_\_\_

RECORD(S) REQUESTED: \_\_\_\_\_

MAIL TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please note: there is a \$2 fee PER transcript copy. If you are requesting multiple copies of the transcripts, you will need to pay \$2 per copy.*

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### FOR OFFICE USE ONLY:

PAID FEE: Amount: \$ \_\_\_\_\_ ( CK / MO ) DATE MAILED \_\_\_\_\_ ROLL# \_\_\_\_\_