

Somonauk High School

TRANSCRIPT REQUEST FORM

NAME _____

NAME AT THE TIME OF GRADUATION _____

YEAR OF GRADUATION _____

DATES OF ATTENDANCE IF YOU DID NOT GRADUATE _____

SIGNATURE _____

DATE _____

PHONE NUMBER _____ DATE OF BIRTH _____

OFFICIAL TRANSCRIPTS have a school stamp, are signed and must be sent directly from Somonauk High School to the college or place of business.

Please list the destination and address below.

NAME: _____

ADDRESS: _____

UNOFFICIAL TRANSCRIPTS do not have the school stamp and are requested for personal use only. Please list your address below.

Please return this form to:

Somonauk High School ~ Transcript
500 W. LaSalle St.
Somonauk, IL 60552
Fax: 815/498-9841
Or plantem@somonauk.net

*Please remember transcripts may take up to two weeks to arrive at their destination from the date the request form is turned in. Immediate needs should be communicated directly with Mrs. Koontz or the high school office.

**TRANSCRIPTS ARE NOT PROCESSED BETWEEN
JUNE 20th AND AUGUST 10th.**