



## Request for Student Records/Transcripts

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

Date last attended District #325 \_\_\_\_\_

Please include:

- Test Scores                       Immunizations  
 Class Rank  
 GPA

Address or Fax Number where transcripts are to be sent

\_\_\_\_\_  
Signature of Person Making This Request                      Date

If student is under the age of 18, parent signature is required.

\_\_\_\_\_  
Signature of Parent

Mail this form to:  
Nauvoo-Colusa HS, Box 308, Nauvoo, IL 62354  
Or fax this form: 217-453-6395