

MAHOMET – SEYMOUR HIGH SCHOOL
302 W. State St., Mahomet, IL 61853
Fax 217-586-6844
TRANSCRIPT REQUEST FORM

Student records are confidential and transcripts are issued at the written request of the student. Telephone or email requests will not be accepted. Print and complete this entire form.

Request Date: ____ / ____ / ____

Print Full Name: _____

Maiden or Former Name: _____

Date of Birth: ____ / ____ / ____ Year of Graduation: _____

Phone Number: _____

Transcripts are not available for same day pick up. Current students allow 2-3 days for processing. Former students allow 7-10 business days for processing. During the beginning and ending of each school year additional time may be needed. Transcripts cannot be faxed or emailed out.

Purpose of Request:

- College/University Scholarship Driver's License Bureau
 Employer Military NCAA (ID# will be needed)
 Student Copy
 Picked up. (Transcript will be stamped Unofficial for Student Use only)
 Mailed (Transcript will be stamped Unofficial for Student Use only)

Name and Address of where the transcript is to be sent:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I hereby authorize Mahomet-Seymour High School to release my transcript to the address listed above:

Student Signature: _____ Date: ____ / ____ / ____

**** Under Illinois Code 105 ILCS 10/1 once a student graduates a transcript can only be requested and released to the student.