



Graduate Transcript Release Form

A **48-hour notice** is required when requesting transcripts. Beginning January 2015, Transcripts will cost **\$3.00 each**. If paying by check, a minimum of 1 week will be added for processing purposes. If you have a balance of school fees, only an unofficial can be mailed or picked up.

Mail request and check to: **Stephanie Ledesma, Asst. Registrar**
Minooka Community High School
301 S. Wabena Avenue
Minooka, IL 60447

Make check payable to: MCHS

Date: _____ Did you graduate with your class? Y N Graduation Year: _____
MM/YY

Name: _____ Maiden Name: _____ Date of Birth: _____
First M.I. Last MM/YY

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student Signature: _____ Email Address: _____

PLEASE NOTE: Indicate on the line below what the transcript is being used for, i.e. employment or education (*list the name of school or employer*). Each transcript needs a separate form and is charged **\$3.00**.

***Official transcripts will be prepared in a sealed envelope and will be considered "Unofficial" if opened.**

I will pick up my *OFFICIAL UNOFFICIAL transcript. It will be used for:

 _____ **OR** _____

I want my *OFFICIAL UNOFFICIAL transcript mailed to: (*Please fill out completely, or it may delay processing.*)

Name of School, Organization or Employer

_____ Street Address

_____ City State Zip Code

----- **For Office Use Only** -----

Transcript Ledger

Processed by: _____
 Date: _____

Faxed Mailed Picked up

Payment Ledger

Cash \$ _____ Rec'd. by: _____ Date: _____
 Check# _____ Rec'd. by: _____ Date: _____
 Money Order# _____ Rec'd. by: _____ Date: _____