

PLEASE ALLOW 7 TO 10 WORKING DAYS FOR ANY REQUEST

**THE SCHOOL DISTRICT OF SPRINGFIELD, R-12
TRANSCRIPT/RECORDS REQUEST (Current Student)**

Student Name: _____ **Student ID:** _____ **Date:** _____
(Print Only)

Student (18 or Older) or Parent Signature: _____

An official transcript will be mailed to the Institution(s)/Organization(s) listed below.

Name and Address of Institution/Organization

Check all that apply

- ☐ Transcript with ACT/SAT scores
- ☐ Transcript without ACT/SAT scores
- ☐ Online application completed
- ☐ Paper application attached

Name and Address of Institution/Organization

Check all that apply

- ☐ Transcript with ACT/SAT scores
- ☐ Transcript without ACT/SAT scores
- ☐ Online application completed
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Name and Address of Institution/Organization

Check all that apply

- ☐ Transcript with ACT/SAT scores
- ☐ Transcript without ACT/SAT scores
- ☐ Online application completed
- ☐ Paper application attached

Additional information:

Office Use Only

Date Completed: _____ **Signature of School Official:** _____