

**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: \_\_\_\_\_  
*Parent signature not required if release form on file*

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

Name of College/University, & Mailing Address or Email  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One:  
 Include ACT Scores  
 Do Not Include ACT Scores

Name of College/University, & Mailing Address or Email  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One:  
 Include ACT Scores  
 Do Not Include ACT Scores

Name of College/University, & Mailing Address or Email  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One  
 Include ACT Scores  
 Do Not Include ACT Scores

Additional Information: \_\_\_\_\_

**Submit to Central High School's Registrar's Office**

**Office Use Only**  
Date Completed: \_\_\_\_\_ Signature of School Official: \_\_\_\_\_