

Momence Community High School Dist#1

~Transcript Request Form~

Please note that it will take two business days to complete transcript requests
This form must be completed in it's entirety for it to be processed by the Registrar

You can return this form in the following ways:

Fax: 815-472-2055 Attn: Registrar

E-mail: hs-office@mcusd1.net Attn: Registrar

Address: 101 N Franklin St., Momence, Illinois 60954 Attn: Registrar

Current Student Transcript Request Procedure:

- A parent or a student may request a copy of an official or unofficial transcript via the Transcript Request Form (found under the Guidance Page or picked up at the school).
- Complete the form and provide to the Registrar for processing.

Past Student Transcript Request Procedure:

- A previous student may request an official or unofficial transcript the following ways:
 - In person by filling out the Transcript Request Form and providing a photo ID, Via US mail, or by printing the PDF form from the MCHS website. A copy of the student's photo ID with mailing address must accompany the request, with the exception of a transcript that is a direct mail from Momence Community High School to an institution, employer, and/or university/college.
- **Photo ID required for pick up.**

| | | | |
|---|--|---------------------|----------------|
| Current Last Name | [Previous Last Name – Name while @ MCHS] | First Name | Middle Initial |
| Address | | City/State/Zip Code | Date of Birth |
| Graduation Year/Transfer/Drop Year (Circle one) | | Phone Number | |

Official: Colleges, Scholarships, Unions -- # of copies ____ Unofficial: Personal -- # of copies ____

Send Transcripts (check only one): Now After grades are posted After graduation is posted

I will pick them up Mail / Fax Transcripts (list address / phone below)

Attention: (Person's Name, College Name, University Name, Employer Name, etc.)

Address or Fax

If more than one address/location please complete 2nd page

| | |
|-----------------------|---------------------|
| For Office Use Only: | |
| Date Completed: _____ | Processed By: _____ |

Student Signature

Date

Momence Community High School Dist#1
~Transcript Request Form~

Attention: (Person's Name, College Name, University Name, Employer, etc.)

Address or Fax:

Attention: (Person's Name, College Name, University Name, Employer, etc.)

Address or Fax:

Attention: (Person's Name, College Name, University Name, Employer, etc.)

Address or Fax:

Attention: (Person's Name, College Name, University Name, Employer, etc.)

Address or Fax:

Attention: (Person's Name, College Name, University Name, Employer, etc.)

Address or Fax:
