

PLANO HIGH SCHOOL

704 West Abe Street • Plano, IL 60545
Phone: (630) 552-3178 • Fax: (630) 552-8824
www.plano88.org

Date of Request: _____

Student Full Name: _____

Student Maiden Name (if applicable): _____

Graduated: Yes _____ No _____

Class of: _____

I hereby authorize Plano High School to send an official transcript to: (Name of college, university, business or other agency).

Mailing address to send transcript: _____

Please e-mail me when my final transcript has been sent to my college:

E-mail Address: _____

Parent Signature (if student is under age 18): _____

Student Signature: _____

Student Contact Information – address, phone number, e-mail: _____

Please allow five business days to process this request.

Office Use Only

Date Request Received: _____

Date Sent: _____

Sent by: _____