



ABINGDON HIGH SCHOOL
600 MARTIN STREET
ABINGDON, IL 61410
OFFICE (309) 462-2338
FAX (309) 462-2492

TRANSCRIPT REQUEST FORM

Payment and a signature are required for processing. The fee for each transcript copy is \$1.00.

- If any AHS financial obligations are pending, please contact the AHS main office to see what is owed and to forward payment.
- Transcripts will be sent first class mail within 7-10 business days of receiving this request.
- Print out and complete this entire form and mail it along with payment to:

Abingdon High School
Attn: Registrar
600 Martin Street
Abingdon, IL 61410

Requestor's Name: _____
Last First Middle

Maiden or Former Name: _____

Date of Birth: _____

Year of Graduation: _____ OR Years of Attendance: _____

Address _____ City _____ State _____ Zip _____

Phone #: (Required for contact if there is a problem processing request.) _____

SEND TRANSCRIPT TO: (Please Print)

Institution/Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

I hereby authorize Abingdon High School to release my transcript to the address listed above:

Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Transcript Received: _____ Date Transcript Mailed: _____ By _____

Back of Transcript: _____ Binder Info: _____