Francis Howell High School 7001 S. Hwy 94 St. Charles, MO 63304
Please email (preferred) request form to yvonne.martin@fhsdschools.org
or fax: 636-851-4116

Transcript Request Form

PLEASE ALLOW TWO WEEKS

Name: _____Student ID:_____
Last First MI

Graduation Year _____ Name as Student: _____
(if different from above)

If not a current student we need a contact phone number_____ and birth date_____

If requesting to be sent to a college, please have application sent before requesting transcript.

I hereby authorize FHHS to release the following information: **please check one:**

Official copy ____ all official transcripts **need to be mailed from FHHS.**

Unofficial (student copy) ____student will be responsible for **coming to guidance and picking up. Also available on parent portal. Or email ~ provide email address below.**

Signature of student: _____
In compliance with the family educational rights and privacy act of 1974, requests for release of information must be completed by student if they are 18 years of age.

If **IN-STATE** college/university do not need address.

If **OUT-OF-STATE** college/university. Please provide complete address. **If this address is not provided transcript will not be sent.**

College name or place sending to:
(Additional colleges on back of form):_____
Address: _____
_____

_____

Today's Date_____ Office Mailed_____