



Francis Howell High School 7001 S. Hwy 94 St. Charles, MO 63304  
Please email(preferred) request form to [frances.wood@fhdschools.org](mailto:frances.wood@fhdschools.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 \_\_\_\_\_