

Francis Howell High School 7001 S. Hwy 94 St. Charles, MO 63304 Please email(preferred) request form to <a href="mailto:tina.medley@fhsdschools.org">tina.medley@fhsdschools.org</a> 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 birth date		t phone number	and
If requesting t		a college, please have	application sent
	before re	equesting transcript.	
I hereby authorize FHHS	to release the follo	wing information: please check	one:
Official copy all off	icial transcripts <b>nee</b>	ed to be mailed from FHHS.	
		pe responsible for <b>coming to guid</b> al. <b>Or email ~ provide email a</b>	
Signature of student:			
In compliance with the	family education	al rights and privacy act of 19 at if they are 18 years of age.	74, requests for release of
If IN-STATE college/unit OUT-OF-STATE coll provided transcript will	ege/university. plea	l address. ase provide complete address. <b>If</b>	this address is not
College name or place s (Additional colleges on b Address:			
Today's Date		Office Mailed	