

LIBERTY COMMUNITY UNIT SCHOOL DISTRICT #2

Transcript Request Form

- Please allow up to two weeks for processing
- Print this form and send it via one of the methods listed below (Attn: Registrar)
 - Fax: 217-645-3241
 - Mail: 505 N. Park St. Liberty, IL 62347
 - Email: adamsj@libertyschool.net
 - Drop off at Mr. Adams' office

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 Liberty High School to release my transcript to the address listed above:

Signature _____ Date _____

FOR OFFICE USE ONLY

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