

REQUEST FOR TRANSCRIPT



Date: _____

Name used while attending Marion County R-II School District (Please Print):

Last	First	Middle	Date of Birth
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Month/Year Graduated: _____

Month/Year Withdrew: _____

Please check each item requested:

High School Transcript _____

Immunization Record _____

High School Transcript with Class Rank _____

Provide below the complete name and address of where you would like your documents sent by our office. An OFFICIAL high school transcript for use by a college, university, vocational school or potential employer must be mailed directly from this office, unless the institution approves a hand-carried/faxed copy. Please include contact name and fax number, if applicable.

Location #1

Location #2

Signature (*MUST have signature to process*): _____

Parent/Guardian Signature: _____
(*REQUIRED if student is not 18 years of age*)

Phone Number: _____

Send request to:

Marion County R-II School District
ATTN: Brenda Graves
2905 Hwy D
Philadelphia, MO 63463
Phone: 573-439-5913
Fax: 573-439-5914
Email: bgraves@marion.k12.mo.us

FOR OFFICE USE ONLY

Date Received: _____
Date Mailed: _____
Date Faxed: _____

All requests for transcripts should be made on this official request form. You should allow 3-5 business days for transcript request processing.