

# GRADUATE/FORMER STUDENT - TRANSCRIPT REQUEST

**\*\* Allow 1 week for processing and mail delivery**

**PLEASE SEND TO:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT INFORMATION

### Name

\_\_\_\_\_  
Last First Middle Maiden

### Current address & phone

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Daytime Phone #

**Date of Birth** \_\_\_\_\_

### Year Graduated (or dates attended)

\_\_\_\_\_

I authorize release of my transcript to the address(es) listed .

\_\_\_\_\_  
Signature Date

**\* Transcripts cannot be released until delinquent accounts have been paid.**

**PLEASE SEND TO:**

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT INFORMATION

\$5.00 per Official copy (must be mailed directly to school for admission or a business for employment purposes)

\$3.00 per Unofficial copy (for the student's use)

**Make check or money order payable to:**

**GLENDALE HIGH SCHOOL**

**Attn: Registrar**

**2727 S. Ingram Mill Rd.**

**Springfield MO 65804**

**PLEASE CALL IF YOU HAVE QUESTIONS**

**417-523-8903**

OFFICE USE

\_\_\_\_\_ Fines Clear \_\_\_\_\_ Form of Payment \_\_\_\_\_ Dated mailed