

Request for Transcripts for PCHS Alumni

**NOTE: A 48-hour notice is required when requesting transcripts.
Transcripts are \$3 each.**

Please Print:

Date: _____ Amount Enclosed: \$ _____

Name (Last, First): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ - _____

Date of Birth: ____ - ____ - ____ Year of Graduation: _____

Check ONE:

_____ I will pick up my official transcript.
(Please note: Main Office hours - on regular school day-7:15-2:45)

_____ I want my official transcript sent to:

Name-School, Organization, etc.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Official transcripts will be prepared in a sealed envelope and will be considered UNOFFICIAL if opened.

Alumni Signature: _____

**If you have any questions regarding alumni transcripts,
please contact the Registrar's office at 815-485-2136.**

FOR OFFICE USE ONLY:

DATE: _____ PROCESSOR: _____ SENT: _____ PICKED UP: _____