



# THE HIGH SCHOOL OF SAINT THOMAS MORE

## Transcript/Records Request

### Mandy Pope

Director of Student Services

3901 N. Mattis Ave.

Champaign, IL 61822-1001

Phone: (217) 352-7210 Fax: (217) 352-7213

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Transcript/Record Delivery Information

*Please send a copy of the student's official transcript records to (please print):*

Institution: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Must be  received  mailed no later than: \_\_\_\_\_

### Parent Approval

Parent/Guardian Name (please print): \_\_\_\_\_

Parent Email (for confirmation to be sent): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Transcript Sent  Yes  No (If not, why? \_\_\_\_\_)

Date Sent: \_\_\_\_\_

Initials \_\_\_\_\_

Email Confirmation Sent to Parents: \_\_\_\_\_