

TRANSCRIPT REQUEST:

In order to receive a transcript, please print and sign the form below. The form must be mailed or faxed in order to release your transcript.

Prophetstown High School
Registrar
310 West Riverside Drive
Prophetstown, IL 61277

Phone: 815-537-5161
Fax: 815-537-5162

Today's Date: _____

Year Graduated: _____

Date of Birth: _____

Name when you attended Prophetstown High School:

Last: _____

First: _____

Middle: _____

Married Name (If applicable): _____

Phone Number: _____

Signature: _____

Mail Transcript To:

Please check one:

_____ Yes, Prophetstown High School has my permission to release my ACT Score.

_____ No, Prophetstown High School does not have my permission to release my ACT Score.