

Newton Community High School
201 West End Avenue
Newton, Illinois 62448
Phone: 618.783.2303
FAX: 618.783.3783



Official Transcript Request Form

Instructions: Please complete form. Print and mail with payment or pick-up.
Cost: \$3.00 per transcript

STUDENT INFORMATION

Name: _____
Last First Middle

Name while enrolled (maiden): _____

Street Address: _____
Street name and number Apt.

_____ *City State Zip Code Phone*

Date of Birth: _____ Year Graduated: _____ Last Year Enrolled: _____

PLEASE CHOOSE OPTION

Pick-up (number of copies _____) Pick-up date: _____

Mail (number of copies _____) FAX (number of copies _____)

Please complete information below.

MAILING ADDRESS(ES)

Number to be mailed to address: _____

Number to be mailed to address: _____

STUDENT SIGNATURE (required): _____

DATE: _____ Parent signature required for students 17 yrs. old and younger.

Office Use: Pick-up Mailed Payment received: \$ _____
Payment received by (staff Initials): _____ Date: _____

CASH CHECK