

**DUPO HIGH SCHOOL
PREVIOUS/ALUMNI STUDENT
TRANSCRIPT REQUEST FORM**

Date: _____

PRINT NAME: _____

NAME WHILE IN ATTENDANCE (if different from above):

I hereby authorize Dupo District 196 to release a copy of my transcript to the following institution:

College/University Name

College/University Street Address

College/University City, State & Zip Code

Year of Graduation: _____ **AND/OR**

Dates of Attendance: _____

Phone number you may be reached at: _____

Signature

Any special notes or requests:

Official Office Use Only

Date Sent: _____

By Whom: _____

MAIL OR FAX REQUEST TO:

600 Louisa Ave. Dupo, IL 62239

Phone- **618-286-3214**

Fax- **618-286-5535**