

**DUPO HIGH SCHOOL**  
***CURRENT STUDENT***  
**TRANSCRIPT REQUEST FORM**  
*Bring to Guidance Office or fax to 618-286-5535*

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

PRINT NAME: \_\_\_\_\_

Please check one of the following boxes:

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

I hereby authorize Dupo District 196 to release a copy of my FINAL transcript (indicating graduation) to the following institution:

---

College/University Name

---

College/University Street Address

---

College/University City, State & Zip Code

Year of Graduation: \_\_\_\_\_

---

Signature

---

*Official Office Use Only*

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

By Whom: \_\_\_\_\_

