LIBERTY COMMUNITY UNIT SCHOOL DISTRICT #2

Transcript Request Form

- Please allow up to two weeks for processing
- Print this form and send it via one of the methods listed below (Attn: Registrar)

o Fax: 217-645-3241

Mail: 505 N. Park St. Liberty, IL 62347
Email: transcripts@libertyschool.net

Drop off at High School office

Name:			
Last	First	Middle	
Maiden or Former Name:			
Date of Birth:			
Year of Graduation:	OR Years of Attendance:		
Address	City	State	Zip
Phone #:(Required for contact if there is a	problem processing request.)		
SEND TRANSCRIPT TO: (Please Prin	nt)		
Institution/Organization:			
Attention:			
Street Address:			
City, State and Zip Code:			
I hereby authorize Liberty High Sc	hool to release my transcript to the a	address listed	above:
Signature		Date	
FOR OFFICE USE ONLY			
Date Transcript Received:	Date Transcript Mailed:		Ву