

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
 - o Mail: 505 N. Park St. Liberty, IL 62347
 - o Email: adamsj@libertyschool.net

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 p	problem processing request.)	
SEND TRANSCRIPT TO: (Please		
Institution/Organization:		
Attention:		
Street Address:		
City, State and Zip Code:		
I hereby authorize Liberty High Sc	chool to release my transcript to the ad	dress listed above:
Signature		Date
FOR OFFICE USE ONLY		
Date Transcript Received:	Date Transcript Mailed: _	By