

TRANSCRIPT REQUEST

Date: _____

Name: _____

Name while attending SHS if different: _____

Year graduated or last attended: _____

Date of birth: _____

Please check if you want test scores on transcript. ____ (only for years 2012 to present)

All transcripts issued to students are considered *unofficial*. Please provide the mailing address of any college or other agency that requires an official transcript and it will be mailed directly.

College/Agency name _____

Address _____

City, State and Zip _____

I authorize Sterling High School to release the transcript of my grades:

Signature: _____

Address: _____

City, State and Zip: _____

Telephone number: _____

Request can be mailed or emailed to:
Joyce Howze, Registrar
Sterling High School
1608 - 4th Ave
Sterling, IL 61081
jhowze@sps5.org