



Virginia High School
Transcript Request

Date : _____

NAME (Print): _____

NAME WHILE IN ATTENDANCE (if different from above):

I authorize Virginia School District 64 to release a copy of my transcripts to the following institution:

Technical School / College / University Name

Address

City, State, and Zip Code

Year of Graduation: _____ AND / OR

Dates of Attendance: _____

Phone number you may be reached at: _____

Signature : _____

Official Office Use Only

Date Sent : _____

Mail or FAX request to:

Guidance Office
Virginia High School
651 S. Morgan St.
Virginia, IL 62691
Phone - (217) 452-3087
FAX - (217) 452-3071