

PANHANDLE COMMUNITY UNIT SCHOOL DISTRICT NO. TWO

Offices of Board of Education and Superintendent

P.O. Box 49

Raymond, IL 62560

(217) 229-4215 • Fax (217) 229-4216

TRANSCRIPT REQUEST FORM

Date: _____

Name of student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Year of Graduation: _____

I REQUEST THAT A CERTIFIED COPY OF MY HIGH SCHOOL TRANSCRIPT BE SENT TO:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Student/Alumni

Date transcript sent: _____