



REQUEST FOR TRANSCRIPT

Date: _____

Name used while attending Fox School District: (Please print) _____

Last Name First Name, Middle Initial Date of Birth

Name of last FOX school attended: _____

Month/Year Graduated: _____ Month/Year Withdrew: _____

***IF GRADUATED WITHIN FIVE YEARS, PLEASE SUBMIT THIS FORM TO THE HIGH SCHOOL REGISTRAR**

Please check each item requested:

_____ High School Transcript	_____ Middle School Transcript
_____ High School Transcript (including ACT scores)	_____ Immunization Record
_____ ACT Scores Only	_____ IEP

Provide below the complete name and address of where you would like your transcript sent by our office. An OFFICIAL high school transcript for use by a college, university, vocational school or potential employer must be mailed directly from this office unless the institution approves a hand-carried/faxed copy. Please include contact name and fax number, if applicable.

Signature (must have signature to process): _____

Print name, if different from school record: _____

Relationship to student: _____

Phone number: _____

Send request to:
Request for Records
Attn: Andrea Barbarak, Secretary
745 Jeffco Boulevard
Arnold, MO 63010
Phone: 636.296.8000
Fax: 636.282.5170

Or email this request form to:
Barbarakan@foxc6.org

FOR OFFICE USE ONLY

Date received: _____

Date mailed: _____

Date faxed: _____

PLEASE ALLOW UP TO 5 DAYS TO PROCESS