

# RECORDS REQUEST FOR FORMER STUDENTS

In order to receive the records you are requesting, please print and sign the form below. The form must be mailed, faxed or dropped off at the high school main office in order to release your records. Please allow 48 hours (2 business days) turnaround time for processing.

Which records are you requesting?  Transcript  Immunization Records

Geneseo High School  
Registrar  
700 N. State St.  
Geneseo, IL  
61254

Phone: 309-945-0399  
Fax: 309-945-0374

Date \_\_\_\_\_

Year Graduated (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please give us the name you used you were attending school here:

Last Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Married Name (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

To what address would you like us to mail your records?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost for records is \$2.00 per copy.

Please make checks payable to: CUSD #228