

Transcript Request for former students only

In order to receive a transcript, please print and sign the form below. The form must be mailed or faxed in order to release your transcript:

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 _____

Name when you were in School

Last _____

First _____ Middle _____

Married Name (if applicable) _____

Phone Number _____

Signature _____

Mail Transcript to:

Official Transcripts will cost \$2.00 per copy. Make checks payable to: Geneseo High School.