## FRANCIS HOWELL CENTRAL HIGH SCHOOL

## TRANSCRIPT REQUEST

Transcripts will have a 48 hour turn around and allow ten business days in the mail after we receive this form.

Please fill out form, sign and *fax* to Francis Howell Central High School at 636-851-4113 or *mail* to Francis Howell Central High School ATTN: Guidance Office 5199 Highway N. Saint Charles, MO 63304

There is no charge for transcripts. If you have any questions please Guidance Office at 636-851-4668.

Name:			_
Maiden Name:			
Year of Graduation:			
Date of Birth:			
Your current phone number			
Send <b>Official Copy</b> to:			
Address:			
cannot receive an offi	n UNOFFICIAL copy to be		
Signature:			
If student is 18 or over, i requests.	it must be requested by the	e student. Parents ca	າ no longer make those
******	*******	******	********
Office Use Only			
Date Received:	Date Sent:		