

Milledgeville High School Transcript Request

Please allow 3-5 business days for processing from the time it is received in our office.

Today's Date _____

- Mail immediately
- Mail after current grades are available _____ / _____
(Semester/Year)
- Mail after _____
- Pick up in HS Office

Name (include maiden name): _____

Year of Graduation _____ or Dates of Attendance _____

Date of Birth: _____

Mail ____ (# of copies) to address:

Mail ____ (# of copies) to address:

Mail ____ (# of copies) to address:

Fax # (if transcript is to be faxed): _____

Signature (required):

Please mail/fax all transcript requests to:

Guidance Office
Milledgeville High School
100 E. 8th Street
Milledgeville, IL 61051

Fax: 815-225-7847