

REED-CUSTER DISTRICT 255U
249 COMET DRIVE
BRAIDWOOD, IL 60408
Telephone 815-458-2166
Fax 815-458-4088

NAME: _____

YEAR OF GRADUATION _____ or LAST YEAR IN SCHOOL _____

I request that a copy of my high school transcript be released to the following:

Name or Company _____

Address _____

(send transcript to the above address)

Counselors: Diane Barber A-J
Jenifer Elliott K-Z

I understand no individual or agency outside of the school system will be permitted to inspect or receive my school records without my permission.

Date: _____ Student's Signature _____
(If over 18 years of age)

Date: _____ Parent or Legal Guardian's Signature _____

To receive an official copy of your transcript:

Please print and fill out the request sheet.

Then fax, mail or bring to RCHS main office.

All transcript requests are completed weekly on Fridays only.