

Transcript Request
Herscher High School
Guidance Office
501 N Main St
Herscher, IL 60941
Telephone (815) 426-2103
Fax (815) 426-2957
davisr@hcsd2.org

Date of Request: _____ Name: _____

Other Name(s): _____ Date of Birth: _____

Year of Graduation: _____ Phone Number: _____

Official transcripts need to be sent to:

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

E-mail Address: _____

Method (circle): Mail Seal Email

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

E-mail Address: _____

Method (circle): Mail Seal Email

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

E-mail Address: _____

Method (circle): Mail Seal Email

Signature: _____