River Bend Community Unit School District #2

Fulton High School
Mr. Jeff Parsons
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*****EACH TRANSCRIPT IS $5.00*****

AUTHORIZATION FOR RELEASE OF TRANSCRIPTS/GRADES

Name:_____Date:_____
Name while attending FHS: _____
Date of Birth: _____
Graduation Year: _____

I authorize Fulton High School to send a copy of my transcript which will include PSAE, ACT and/or SAT scores and immunizations to:
Place/Organization _____

Address _____

City _____ State _____ Zip Code _____

For the following purpose: _____

SIGNED: _____
(Student's Signature)

Please mark one of the following:

Please Mail My Transcript: _____

I Will Pick Up My Transcript: _____