

TRANSCRIPT / IMMUNIZATION RECORDS REQUEST FORM  
MCHENRY HIGH SCHOOL

\_\_\_\_\_  
Last Name (or Maiden Name)    First Name    Date of Birth    Graduation Year

***EAST CAMPUS***\_\_\_\_\_

***WEST CAMPUS***\_\_\_\_\_

Please check student status:

Current Student     Graduated     Withdrew

Please check your request and indicate below the address where records should be sent or if picking up:

\_\_\_\_\_ ***Unofficial Transcript***

\_\_\_\_\_ ***Official Transcript - # of copies in sealed envelope*** \_\_\_\_\_

\_\_\_\_\_ ***Immunization Records***

***Please indicate mailing address, email, or fax # records should be sent to:***

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ ***Check if picking up Records*** (Office hours: **East** 7:00am-3:30pm/**West** 7:00am-4:00pm)

- **Transcripts can take up to five school days to process and send**
- **Please be sure to sign and date this form**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**For Office Use Only**

Date received \_\_\_\_\_

Received by \_\_\_\_\_

Processed by \_\_\_\_\_

Delivered on \_\_\_\_\_

Notes \_\_\_\_\_

**East Campus**

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**West Campus**

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