



# FSD145

## Freeport School District

### FREEPORT HIGH SCHOOL TRANSCRIPT RELEASE FORM

Student Name when attended FHS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Graduated? No  Yes  Class of \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature authorizes Freeport High School to release my transcript*

Attention to: \_\_\_\_\_

College/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**You can obtain your transcript by:**

**1.) Include this form per official transcript and mail to:**

**Freeport High School**

**Attn: Registrar**

**701 W. Moseley St.**

**Freeport, IL 61032**

**and a hard copy will be mailed or emailed as a PDF file to the address you provided on this form.**

**Or**

**2.) Email form to [sandra.kraft@fsd145.org](mailto:sandra.kraft@fsd145.org) or Fax request to (815) 232-0465**

**Release form is required before transcript is mailed.**

**If you have any questions, please call (815) 232-0406.**