



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 _____

Guardian or Student signature: _____ Date: _____

Relationship: _____

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.) Including this form, per official transcript, and mailing to:

**Freeport High School
Attn: Registrar
701 W. Moseley St.
Freeport, IL 61032**

A printed transcript will be mailed, or emailed as a PDF file, to the address provided on this form.

or

2.) Email this form to sandra.kraft@fsd145.org or Fax to (815) 232-0465

This release form is required before any transcript is mailed.

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