

# Newark High School Transcript Request Form

Newark High School  
413 Chicago Road  
Newark, IL 60541  
(815) 695-5164  
Fax (815) 695-5752  
[www.newarkhs.k12.il.us](http://www.newarkhs.k12.il.us)

## Transcript Release Request

Full Name (while in high school) \_\_\_\_\_  
(Please Print)

Year of Graduation \_\_\_\_\_

☐

Please send transcripts to:

\_\_\_\_\_  
(Name of College, University, or Employer)

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Include ACT Scores

\_\_\_\_\_  
(Address, PO Box, etc.)

\_\_\_\_\_  
(City, State, Zip)

OR

Please release transcripts to:

☐

Self

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Other

\_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only:

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Transcript Sent

Date \_\_\_\_\_