

Transcript Request
Guidance Office
Morris Community High School
1000 Union St.
Morris, IL 60450
Telephone (815) 941-5336
Fax (815) 941-5414
kmatteson@morrishs.org

Date of Request: _____

Name: _____

Maiden Name: _____

Date of Birth: _____

Year of Graduation: _____

Phone Number: _____

Official transcripts need to be sent to:

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

Name of School/Organization: _____

Street Address: _____

City, State, Zip: _____

Signature: _____