



Hillcrest High School
 3319 North Grant Avenue
 Springfield, Missouri 65803
 Phone 417-523-8112
 Fax 417-523-8096

To request a copy of your official high school transcript, please print this form and return it along with the following items to:

Hillcrest High School
 Attn: Records
 3319 N. Grant Avenue
 Springfield, MO 65803

- ✓ Include \$5.00 as cash or money order payable to Hillcrest High School
- ✓ Include a copy of a photo ID (driver's license, military ID, or state-issued ID)

AUTHORIZATION FOR RELEASE OF RECORDS

Name while attending HHS _____

Current name (if different) _____

Date of Birth _____ Contact Phone _____

Year of Graduation/ Withdrawal _____

I give permission for **Hillcrest High School** to release my transcript to:

College/ Business Name _____

Address (City/State/Zip) _____

Instead of mailing, please FAX to: _____

Signature _____ Date _____

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Office Use Only:
 _____ ID _____ Fines _____ Fees _____ Mailed/ Faxed