

# Request for Transcript/ Request for Health Records

Odin Public School District #722

102 S. Merritt

Odin, IL 62870

Phone: 618-775-8266

Fax: 618-775-8268

Name while attending Odin School: \_\_\_\_\_  
First Middle Last

Last year attending Odin School: \_\_\_\_\_ Did you graduate? Yes or No

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_\_

**Item(s) requested:**

\_\_\_\_\_ Transcript \_\_\_\_\_ Health Records: \_\_\_\_\_  
(explain)

**Reason for Request:**

- Employment
- College Admissions
- Other: \_\_\_\_\_

**Send records to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Request made by:**

\_\_\_\_\_  
Printed Name Signature

Date of request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*\*A photo ID MUST be presented at the time of request \*\*\*\***

**For Office Use Only:**

\_\_\_\_\_ Picked Up \_\_\_\_\_ Mailed \_\_\_\_\_ Faxed \_\_\_\_\_ Emailed

School Personnel: \_\_\_\_\_ Date: \_\_\_\_\_