

Hillsboro R-3 School District

Request for High School Transcripts

Attn: Rachelle VanLue, District Registrar

20 Hawk Drive

Hillsboro, MO 63050

(636) 789-0007

registrar@hsdr3.org

(636) 789-4316 fax



Date of Request _____

Year of Graduation _____ A+ Student: yes or no _____

Student Name _____

Maiden Name _____ Email _____

Address _____

Date of Birth _____ Phone _____

Send to: College _____ Employer _____ Self _____ Pick-up _____

Name of Intended Receiver _____

Attn: _____

Address _____

Fax _____ Phone Number _____

Email Address: _____

Please Sign Here _____ Date _____

Office Use Only _____

Please include a copy of your driver's license when submitting application.

Please allow 5 business days for request to be filled, in most cases requests will be filled much sooner.

Please email your questions to registrar@hsdr3.org