Former Student Record Request

Hononegah Community High School

- Once a student is 18 years of age, marries, enters military service, graduates from high school or is emancipated **ONLY THE STUDENT** may request records per Illinois School Law Sec 7:210
- **There is a $5.00 fee per record(s) order, payable at the time of request** (CASH, CHECK, MONEY ORDER, MASTERCARD, VISA OR DISCOVER **ONLY**)
- A **VALID ID** must be shown/submitted along with this request in order for the request to be processed.
- **RUSH SERVICE OPTION: Additional *$25.00 fee***
  Request & payment received **before** 11:00a.m. – available for pick-up same business day between 3:30-4:00p.m.
  Request & payment received **after** 11:00a.m. – available for pick-up next business day after 9:00a.m.
- Requests for records require five school days to process (unless RUSH Service option is chosen)

Name: _____ Today's Date:_____

Maiden Name or other name used while in high school: _____

Year of Graduation (ie: 1999): _____ Date of Birth: _____

Would you prefer to **pick up** your records? YES NO Check for **RUSH SERVICE** ☐

If so, please list anyone **other than yourself** who may pick up records: (photo I.D. will be required)

OR

Mail to: _____

Address: _____

To Include:

Official transcript	YES	NO	ACT scores	YES	NO
Immunization records	YES	NO	SAT scores	YES	NO

PLEASE NOTE: ALL RECORD REQUESTS NOT PICKED UP WITHIN THREE MONTHS OF THE ORIGINAL REQUEST DATE WILL BE DESTROYED AND A REFUND WILL NOT BE GIVEN FOR ANY REASON.

If questions arise you can contact me at:

Email: _____

Phone: _____

Signature: _____

Send completed form & payment to:

Hononegah Community High School
Attn: Nicole Ali - Registrar
307 Salem Street Rockton, IL 61072
Email: recordrequest@hononegah.org

Number of copies: _____ ORDER TOTAL: $_____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date ☐☐☐☐

Billing zip code ☐☐☐☐☐

Card Holder Signature:_____

Office Use Only:
Check/Cash/CC_____ Total Paid_____ Date_____ Received by_____

Picked up by:_____ Date:_____