



THE HIGH SCHOOL OF SAINT THOMAS MORE

Transcript/Records Request

Allison Boatright

Director of Student Services

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Champaign, IL 61822-1001

Phone: (217) 352-7210 Fax: (217) 352-7213

Student Name: _____ Date: _____

Transcript/Record Delivery Information

Please send a copy of the student's official transcript, test scores, and medical records to (please print):

Institution: _____

Attention: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Must be received mailed no later than: _____

Parent Approval

Parent/Guardian Name (please print): _____

Parent Signature: _____ Date: _____