

**Request for High School Transcripts or
Graduation Verifications**

**Attn: Marcia Martinson, District Registrar
20 Hawk Drive
Hillsboro, MO 63050**

**636-789-0007 Phone
636-789-4316 Fax
martinson_marcia@mail.hillsboro.k12.mo.us**



Date of Request _____

Year of Graduation _____

A+ Student: yes or no

Student Name _____

Maiden Name _____

Address _____

Date of Birth _____ Phone _____

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

Name of intended receiver _____

Attn: _____

Address _____

Fax _____

Signature of person requesting information _____ Date _____

ID Checked By (if picked up) _____

Please allow 5 business days for request to be filled, in most cases requests will be filled much sooner. If you have any questions, please call (636) 789-0007.