

GASCONADE COUNTY R-2 SCHOOLS

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Official Transcript Request Form

Full Name (please print)

Former Last Name (if any)

Address

City/State/Zip

Date of Birth

High School Graduation Year

I hereby authorize you to issue an official transcript of my record and grant permission to release pertinent and confidential information from my file to the following:

Check all that apply.

___ College or University (please list) _____

___ Military (branch) _____

___ Business or place of employment _____

___ Other (please explain) _____

Signature _____ Date _____