

# CHESTER HIGH SCHOOL

1901 Swanwick Street  
Chester, IL 62233

Phone: 618-826-2302

Fax: 618-826-3723



## REQUEST FOR TRANSCRIPT / IMMUNIZATION RECORDS

3-13-19

Last Name: \_\_\_\_\_  
(when enrolled at CHS)

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Year Graduated: \_\_\_\_\_  
OR last year in attendance:

*official transcript*

*immunizations*

1. FAX # \_\_\_\_\_ 2. FAX # \_\_\_\_\_

Attn: \_\_\_\_\_ Attn: \_\_\_\_\_

1. MAIL to: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

2. MAIL to: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

3. MAIL to: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_