

Request for Transcript

Odin Public School District #722

102 S. Merritt St.

Odin, IL 62870

Phone: 618-775-8266

Fax: 618-775-8268

Name while attending Odin: _____

Graduation Year: _____

_____ Send transcript to:

_____ A copy for self to be picked up in Main Office

_____ A copy for self sent to:

Request Made By: _____

(Signature)

Date Requested:

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For Office Use

Date Sent/Picked Up: _____

School Personnel: _____