

**Carbondale Community High School  
Registrar's Office  
Phone: (618)457-3371 ext. 227  
Fax: (618)529-4174**

## REQUEST FOR TRANSCRIPT/IMMUNIZATION RECORDS

### Frequently Asked Questions:

**Is there a fee for my records?**

Transcripts are \$2.00 per copy.  
Immunization records are free.

**How can I obtain a copy of my transcript/immunization records?**

By mail, fax or stopping by the office.

**What forms of payment does CCHS accept?**

Cash, check or money order made payable to:  
Carbondale Community High School.

**What is the mailing address?**

Carbondale Community High School  
Attn: Registrar's Office  
1301 E. Walnut  
Carbondale, IL 62902

Today's Date: \_\_\_\_\_

Your last name when in school (Maiden): \_\_\_\_\_

Your current last name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Year Graduated/Last year you attended: \_\_\_\_\_

Please check here if you DID NOT graduate from CCHS: \_\_\_\_\_

Please check here if you are requesting Immunization Records: \_\_\_\_\_

What type of transcript are you requesting?

\_\_\_\_\_ Unofficial-the transcript is issued to the student

\_\_\_\_\_ Official-the transcript is mailed to a school or job

Mail to (1): \_\_\_\_\_

Mail to (2): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ (Required)

**\*\*YOUR REQUEST WILL BE PROCESSED UPON RECEIPT\*\***