



Danville Community Consolidated School District 118
 516 N. Jackson Street
 Danville, IL 61832
 217-444-1092

Records will be processed within 7 - 10 business days.

To request records:

1. Complete this form.
2. Include a copy of your valid driver's license or valid state ID card.
3. Include a check or money order for processing. Transcripts are \$3; Health records are \$5.
4. If you wish to receive the records in the postal mail, please include a pre-addressed envelope.
5. If you wish the records to be emailed, please provide an email address below.

REQUEST FOR RECORDS: _____HIGH SCHOOL TRANSCRIPT _____HEALTH RECORDS

 LAST NAME FIRST NAME MIDDLE MAIDEN

Date of Birth: ____/____/____
 Month Day Year

Graduate of Danville High School? () Yes () No If yes, year of graduation: _____

How do you wish to receive your records?

_____Mail Transcript to:

 Street

 City State Zip

_____Email Transcript to: _____

Phone number to reach you: _____

 Student Signature (Current Name Used) Date

Mail completed form, copy of required identification, payment, and mailing envelope to:

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 Records Department
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