

Hancock Place School District

Transcript Request Form

Please allow 3-5 business days for processing from the time it is received in our office. If paying by check make payable to: Hancock Place High School	
Today's Date _____	Mail immediately _____
Mail after current grades are available _____ (year/semester)	
Mail after _____	
Name: (Please indicate name at time of attendance as well as all names ever used)	
Street address:	
City, State, Zip:	
Phone: ()	
Graduation Year:	
Date of Birth:	
Mail ____ (# of copies) to address:	
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Fax # (if transcript is to be faxed) Attn: ()	
Signature: (required)	

Transcripts are \$2.00 per copy. Please send all transcript requests to:

Laura Mallory, Registrar

Hancock Place High School, 229 W. Ripa Ave., St. Louis, MO 63125