

SESSER – VALIER HIGH SCHOOL

4626 State Highway 154

Sesser, IL 62884

(618) 625-5105

FAX (618) 625-6696

www.sv196.org

DATE: _____

NAME: _____

MAIDEN NAME: _____
(if applicable)

Date of Birth: _____ Graduated: _____

Phone Number: _____ (in case we have a question
and need to contact you.)

I would like to request an official copy of my transcript and/or health records.

___ I will take the copy with me

___ Please fax a copy to: _____(Name)

___ _____(Fax #)

___ Please mail to:

___ Please email to: _____

(Signature & Date)