

**BOONVILLE R-I SCHOOL DISTRICT
736 MAIN STREET
BOONVILLE, MISSOURI 65233**

Dr. Sarah Marriott
Superintendent of Schools
Phone: 660.882.7474
Fax: 660.882.5721

OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name student used while in school (e.g. maiden name of a female student):

Last

First

Middle

Date of birth (MM/DD/YYYY): _____

Last year in attendance: _____ Did you graduate?

Name & Address where **TRANSCRIPT** is to be mailed:

Fax number where **TRANSCRIPT** is to be faxed: _____

Phone number where you can be reached: _____

Student Signature (current name used) **Date**

For transcripts return to:

**Boonville R-I School District
Attention: Transcripts
736 Main Street
Boonville, MO 65233
Fax 660-882-5721
OR
Email to: transcripts@boonville.k12.mo.us**