

**For Office Use Only:**

Fees Paid

Date Mailed: \_\_\_\_\_

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SYCAMORE HIGH SCHOOL  
**TRANSCRIPT/GRADUATION VERIFICATION ONLINE REQUEST/RELEASE FORM**

I hereby authorize Sycamore High School to release my transcript/graduation verification to the following university/employer:

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Signature of Student (over 18 years of age) or Guardian

\_\_\_\_\_  
Year of Graduation or Last Year of Attendance

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Request

Please send my transcript to the following school and/or employer:  
(include a complete mailing address)

TO: \_\_\_\_\_  
(please print)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be signed by the former student in the presence of the  
SHS Registrar or signed in the presence of a Notary and officially notarized below.**

**There is a \$5.00 processing fee for each transcript/graduation verification request.**

\_\_\_\_\_  
Notary Signature Date

\_\_\_\_\_  
Notary Name (please print)

*Notary Seal*