High School Transcript Request

Student Name: ____________________________________________________________

High School: ____________________________________________________________

ID/SS Number: __________________________________________________________

Date of Birth: __________________________________________________________

Year of Graduation: ______________________________________________________

Month of Most Recent ACT/SAT Test: _________________________________

Please mail or fax a copy of my high school transcript and ACT/SAT scores to:

The University of St. Francis
Attn: Undergraduate Admissions, N104
500 Wilcox St.
Joliet, IL 60435

Phone: (815) 740-5037
Fax: (815) 740-5078

Student Signature: ____________________________________________ Date: ________________