

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

DR. MARK FICKEN
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