



Danville Community Consolidated School District 118
110 East Williams Street
Danville, IL 61832
217-444-1024

Office Hours: Monday - Friday when school is in session. 8:30 a.m. - 11:00 a.m. and 12:30 p.m. - 3:00 p.m.

Records will be processed within 7 - 10 business days.

To request records:

1. Complete this form.
2. Include a copy of your valid driver's license or valid state ID card.
3. Include a check or money order for processing. Transcripts are \$3, health records are \$5.
4. If you wish to receive the records in the postal mail, include a pre-addressed envelope.
5. If you wish the records be emailed to you, provide an email address below.

REQUEST FOR RECORDS: HIGH SCHOOL TRANSCRIPT ___ HEALTH RECORDS ___

LAST NAME FIRST NAME MIDDLE MAIDEN

Date of Birth: Month _____ Day _____ Year _____

Graduate of Danville High School ? () Yes () No If yes, give year of graduation: _____

How do you wish to receive your records?

Mail Transcript to: _____
Street

City State Zip

Email Transcript to: _____

Phone number to reach you, if need be: _____

Student Signature (Current Name Used) Date

Mail completed form, copy of required identification, payment, and mailing envelope to:

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Records Department
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