

Request for High School Transcript

Current Name	Today's Date
Former name(s) used while at Neosho HS	Date of Birth
Social Security Number (optional)	For current students: circle Grade: (9) (10) (11) (12)
Send transcript to (name of college, NCAA, organization, etc)	Did you graduate from High School? Y N
Attention (person, dept or "Office of Admissions", etc)	Graduation year (or year you should have graduated)
Mailing/ Delivery Instructions	Missouri A+ Certification? Then circle: YES

Mailing Address	
Email	Office use only: date sent
*Student signature (if age 18+)	* In compliance with FERPA, no private educational records can be released to a 3 rd party without authorized signature.
*Parent signature (if student is under age 18)	

Send this form to: Neosho High School Registrar

nhs-transcripts@neoshosd.org

511 Neosho Boulevard

Neosho, MO 64850

Phone: 417-451-8672

Fax: 417-451-8677