



Danville Community Consolidated School District 118  
516 N. Jackson Street  
Danville, IL 61832  
217-444-1024

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, please include a pre-addressed envelope.
5. If you wish the records to be emailed, please 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, 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: \_\_\_\_\_

\_\_\_\_\_  
Student Signature (Current Name Used)

\_\_\_\_\_  
Date

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

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