

HEMINGFORD PUBLIC SCHOOLS

PO Box 217
Hemingford, NE 69348-0217
Phone: High School (308) 487-3328
FAX (308)487-5215

Transcript Request

Last First Middle Maiden/Other

Current Address: _____

City: _____ State _____ Zip _____

Email: _____ Date of Birth: _____

Current Phone: _____ Social Security Number: _____

Year Graduated: _____ Or

Grade and Last year attended: _____

Transcript is to be sent to: (please print legibly) Fax to: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of request: _____

Signature: _____

(Required by Federal Law)

Date completed: _____ by _____