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## High School Transcript Request

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

ID/SS Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Month of Most Recent ACT/SAT Test: \_\_\_\_\_

Please mail or fax a copy of my high school transcript and ACT/SAT scores to:

**The University of St. Francis**  
**Attn: Undergraduate Admissions, N104**  
**500 Wilcox St.**  
**Joliet, IL 60435**

**Phone: (815) 740-5037**  
**Fax: (815) 740-5078**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_