

WINDSOR CUSD #1

Windsor...Where Pride and Tradition Meet Success

REQUEST FOR ACADEMIC TRANSCRIPT

Please submit this form with a copy of a government-issued photo ID by mail, fax, or in person to:

Windsor CUSD #1
Attn: Student Records
1424 Minnesota Ave
Windsor, IL 61957
FAX: (217) 459-2794

Student Name (First MI, Last): _____

Current Address: _____

Date of Birth: _____ Telephone: _____ Email: _____

Original Signature: _____ Date: _____

Graduation Year/Last Year of Attendance: _____

Do you need your immunization record sent? Y N

How would you like your record sent?

Pickup

Faxed

Recipient: _____ Fax: _____

Organization Name (if Applicable): _____

Department (if Applicable): _____

Mailed

Recipient: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Emailed

Recipient: _____

Email: _____

Windsor Elementary School
808 Wisconsin
Windsor, IL 61957
Phone: 217-459-2447
Fax: 217-459-2408

Unit Office
1424 Minnesota Ave
Windsor, IL 61957
Phone: 217-459-2636
Fax: 217-459-2794

Bus Barn
301 N. Locust
Windsor, IL 61957
Phone: 217-459-2663
Fax: 217-459-2794

Windsor Jr./Sr. High School
1424 Minnesota Ave
Windsor, IL 61957
Phone: 217-459-2636
Fax: 217-459-2794