



Fairfield Community High School
Nurse: Jala Taylor Registrar: Cassy Fuller
300 W King St Fairfield, IL 62837
Phone: (618) 842-2649

REQUEST FOR PERMANENT RECORD

Today's Date: _____

Student's First & Last Name at Time of Enrollment:

Date of Birth: _____

Year Graduated/Last Attended: _____

Type of Record Requested:

- ☐ Transcript
☐ Immunization

Record to be

☐ Faxed (Number) _____ Attn: _____

Of: _____

☐ Mailed(Address): _____

☐ Emailed: _____

☐ Picked Up:

☐ Student

☐ Designated Person: _____

Signature: _____

Contact Number/Email: _____

FOR OFFICE USE: Processed By: _____ **Date:** _____