



Addison Trail High School
213 N. Lombard Road
Addison, IL 60101



Request for Official Transcript
(Graduated and Former Students Only)

Today's Date: _____ Year of Graduation: _____ Birth Date: _____

Student Name: _____

(Please PRINT name exactly as high school would have it on file)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Official transcripts of academic records are released only my mailing in a signed written request. Faxed or e-mail requests shall NOT be accepted. Transcripts are \$1.00 for each copy and only cash or money order will be accepted. Upon receipt of both request and fee payment, a copy of your official transcript will be forwarded within ten business days to the address provided. No copies of transcripts will be mailed to any home address.

I authorize the release of my official transcript.

Student Signature (Required): _____
(Current Name)

Please mail an official transcript to:

Name of Company/Institution: _____

Attn: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Please return request and payment to the address below:

Addison Trail High School
Attn: Registrar
213 N. Lombard Road
Addison, IL 60101

For Office Use Only:
Date Mailed: _____
Payment Rcvd.: _____