



ADDISON TRAIL HIGH SCHOOL
213 N. Lombard Road
Addison, IL 60101



Request for Official Transcript
(Graduated and Former Students Only)

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

Student Name: _____
(Please PRINT name exactly as the high school would have it on file)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone Number: _____

Official transcripts of academic records are released only by mailing in a signed written request and a copy of a picture ID. Faxed or e-mailed requests shall **NOT** be accepted. Transcripts are **\$3.00** fee for each copy and only cash or money order will be accepted. Upon receipt of request, **copy of picture ID**, and fee payment, a copy of your official transcript will be mailed within 10 business days to the address provided. Please note that **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 to:

Name of School/Company/Institution: _____

Attention: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Please return request, copy of ID, and payment to the address below.

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

<p><i>For Office Use Only:</i> Date Mailed: _____ Payment Received: _____</p>
