

ADDISON TRAIL HIGH SCHOOL
213 N. Lombard Road
Addison, IL 60101
Phone # 630-628-3319-Registrar



Request for Official Transcript
(Graduated and Former Students Only)

Today's Date: _____ Graduation/Last Attended Year: _____ Birth Date: _____

Student Name: _____
(Please PRINT name while attending high school)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone Number: _____

An official transcript of academic records can be picked up at ATHS with at least one (1) day notice. It is also released by mailing in this signed request, a copy of your picture ID and the \$3.00 fee payment per each copy. Only cash or money order will be accepted. Upon receipt of request, copy of picture ID and fee payment, your official transcript will be mailed within 10 business days to the address you have provided below.

I authorize the release of my official transcript.

Student Signature (Required): _____
(Current Name)

And/Or I will pick up _____ and/or please mail my official transcript to:

Name of Company/Institution/Requestor: _____

Attention: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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

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

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