

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



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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 1 day notice. It is also released by mailing in a signed, written request and a copy of a picture ID. Faxed or e-mailed requests shall **NOT** be accepted. Transcript fee is \$3.00 per each copy and 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 provided below.

I authorize the release of my official transcript.

Student Signature (Required): \_\_\_\_\_  
(Current Name)

I will pick up \_\_\_\_\_ and/or please mail my official transcript 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><b>For Office Use Only:</b> Date Mailed: _____ Payment Received: _____</p>
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