



Request for Official Transcript (Graduated Students Only)								
Today's Date:	Year of Graduation:			Birth Date:				
Student Name: _	Last Name (Maiden if A	nulicable)	First	Middle				
	Last Manie (Maiden II A)	ppilcable)	FIISt	Wilddie				
	Home Address:							
	City:	State:		Zip Code:				
	Phone Number:							

Official transcripts of academic records are released only by mailing in a signed written request. No faxed or e-mailed request shall be accepted. Transcripts are \$3.00 each and only cash or money order will be accepted. Please make sure to include a copy of your driver's license or state identification. Upon receipt of request, copy of identification, and fee payment, an official copy of your transcript will be forwarded within ten business days to the provided address.

I authorize the release of my transcript.

Student Signature ( <b>Required</b> ):			
Current Name			
Please mail an official transcript to:			
Name/Company/Institution:			
Address:		Attn:	
City:	State:		Zip Code:
Please return request and p	payment to the ac	ldress below:	
Attn: 1250 South A Villa Park,	ok High School Registrar Ardmore Avenue , Illinois 60181 530-3965		
		For Office Use	e Only Date Mailed:

Payment Received: \_\_\_\_\_