

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



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Request for Official Transcript  
(Graduated and Former Students Only)

Today's Date: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ 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 this signed, written request, a copy of a picture ID and fee payment. Transcripts are **\$3.00 fee for each** copy and only cash or money order will be accepted. Upon receipt of **this 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 on form. Faxed or emailed requests shall **NOT** be accepted.

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 shown below.

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

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