

# 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

For Office Use Only:

Date Mailed: \_\_\_\_\_

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