

# GLENBARD ALUMNI TRANSCRIPT REQUEST FORM

Name: \_\_\_\_\_  
Last First

\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Maiden Name)

Phone # (\_\_\_\_) \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Did you Graduate? \_\_\_\_\_  
Y/N

Please send transcript to: \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Student Signature \_\_\_\_\_

Official       Unofficial

ACT/SAT scores are **not included** on the transcripts. You must make arrangements with the testing agencies directly. Go to ACT.org for ACT scores and collegeboard.com for SAT scores.

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- Please complete this form for each transcript requested.
- Please include \$3.00 for each transcript requested. **(CASH OR MONEY ORDER ONLY)**
- Please allow 10 school days for your request to be processed.
- **No faxed or e-mailed requests for transcripts shall be honored.**
- Mail this completed form and the fee to your former high school.

Attn: **Registrar's Office**  
**Glenbard East** - 1014 South Main Street, Lombard, IL 60148  
**Glenbard North** -990 Kuhn Road, Carol Stream, IL 60188  
**Glenbard South** - 23W200 Butterfield Road, Glen Ellyn, IL 60137  
**Glenbard West** - 670 Crescent Boulevard, Glen Ellyn, IL 60137

**NOTE: Illinois Board of Education Law 105ILCS 10/2**

*Once a student reaches the age of 18, enters military service, gets married, or graduates from high school, (s)he is the ONLY person who can request his/her transcript. The request must include the student's signature and satisfactory evidence of his/her identity.*

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**Internal Use Only:**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_      Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_      Fee \_\_\_\_\_

10/07/14 PD