

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.

- 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 High School - 1014 South Main Street, Lombard, IL 60148
Glenbard North High School - 990 Kuhn Road, Carol Stream, IL 60188
Glenbard South High School - 23W200 Butterfield Road, Glen Ellyn, IL 60137
Glenbard West High School - 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.

Internal Use Only:

Date received ____/____/____ Date sent ____/____/____ Fee _____