

GLENBARD ALUMNI RECORD REQUEST FORM

Last Name	First Name	MI
Maiden Name (if applicable)	Date of Birth ____/____/____	Phone Number (____) _____
Year of Graduation _____	Did you graduate? (Y/N) _____	

Records being requested:

Official Transcript
 Unofficial Transcript
 Health/Immunization Records

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

Please send records to: _____

Name/School/Company

Street Address

City State Zip Code

Student Signature: _____

- Please allow 10 school days for your request to be processed.
- Please include \$3.00 for each transcript requested.
- Please include a copy of your photo ID.
- Questions? Contact: peggy_mirka@glenbard.org
- Send this form by mail to:

Glenbard West High School
 Attn: Registrar's Office
 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 \$ _____ ID _____

REV 07202022