

# 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

\_\_\_\_\_  
Email address to send transcript

OR

\_\_\_\_\_  
Street Address to mail transcript

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

- Please allow 10 school days for your request to be processed.
- Please include a copy of your photo ID.
- Questions? Contact: [mary\\_yangas@glenbard.org](mailto:mary_yangas@glenbard.org) 630-942-7484
- 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

ID \_\_\_\_\_