



SCHOOL DISTRICT U-46
STREAMWOOD HIGH SCHOOL

REQUEST FOR TRANSCRIPT
(PLEASE PRINT)

STUDENT NAME (when high school student)

STUDENT ID#

BIRTHDATE

GRADUATION YEAR

COUNSELOR

YOUR PHONE NUMBER

It takes up to 3 days to process all requests from the date request is received. Final transcripts have to wait for processing until the final rankings are posted.

I AM REQUESTING THE FOLLOWING RECORDS:

OFFICIAL COPY OF MY TRANSCRIPT

ACT SCORES

UNOFFICIAL COPY OF MY TRANSCRIPT

I'LL PICKUP MY TRANSCRIPT (Please note: Hand-carried records are Unofficial)

I hereby authorize Streamwood High School to release and mail my transcript to:

Name/Institution/Agency

Address

City State Zip

Attention to:

STUDENT'S SIGNATURE
(Required)

DATE

OFFICE USE ONLY

(Date records were sent out)

(Name of a person completing the request)

Fee Paid \$

Transcript in drawer