

REQUEST FOR TRANSCRIPT / IMMUNIZATION RECORD / DREAM ACT

BARTLETT HIGH SCHOOL SCHOOL DISTRICT U-46

****CURRENT ACTIVE BHS STUDENTS WILL WORK THROUGH THEIR GUIDANCE COUNSELOR FOR TRANSCRIPTS AND SHOULD NOT USE THIS FORM

SHOULD NOT USE THIS FOR	RM *READ CAREFULI	Y*		
			TODAY'S DATE	
PRINT STUDENT NAME		_	BIRTHDATE	
DATES ATTENDED/GRA	ADUATED		YOUR PHONE NUMBER	
	requests for 2018 & 2019 gra 18 must request transcripts/records			in, IL 60120
	E FOLLOWING RECORDS:			
# of copies CERTIFIED OF	FFICIAL TRANSCRIPT (sealed e	nvelope) AC	Γ scores are <u>NOT</u> printed on trar	ıscript
UNOFFICIAL 7	ΓRANSCRIPT ACT scores are No	OT printed on	transcript	
	OOCUMENTS Records from atter	.	•	
IMMUNIZATIO	ON RECORDS ONLY			
I WILL PICKU				
, and the second	chool to mail my transcript/immun Name/Institution/Agency			
	Address			
	City	_ State	Zip	
	Attention to:			
STUDENT'S SIC	GNATURE	_	DATE	
License or State ID is re	for <u>each</u> copy of transcript/imn equired with a request. *Request to process all requests from	sts will not be p	rocessed without all required doc	uments/fees.
	ssing is available for an add			
	ot accepted. (Only cash, cashid			
,	PLEASE MAIL REQUE			
BARTLETT HIG	H SCHOOL, REGISTRAR'S O Ph: 630.37	FFICE, 701 S 72.4700 x4633	CHICK ROAD, BARTLETT,	IL 60103
(g) "Parent" means a perimary responsibility to a parent under this graduation from seconds		of the stude y those of the y into milita	ent. All rights and privile ne student upon his 18th bi ary service, whichever occu	<pre>ges accorded rthday, rs first. Such</pre>
	OFFICE	USE ONLY		-
	,	USE OTHER		
	(Date records were received / pro	cessed)	(Payment)	