



SCHOOL DISTRICT U-46
STREAMWOOD HIGH SCHOOL

REQUEST FOR TRANSCRIPT
(PLEASE PRINT)

STUDENT NAME (when high school student)

STUDENT ID#

BIRTHDATE

GRADUATION YEAR

COUNSELOR

STUDENT'S PHONE NUMBER

It takes up to 3 days to process all requests from the date the 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

___ UNOFFICIAL COPY OF MY TRANSCRIPT

___ I'LL PICK UP 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 person completing the request)

(Fee Paid \$)

(Transcript in drawer)