



## Transcript request form



Name: \_\_\_\_\_

Name as student (Maiden): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Dates of attendance/Graduation year: \_\_\_\_\_

Transcript type:       Official       Unofficial       ACT Test Scores

Release my transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may reach me at \_\_\_\_\_ (email or phone #) in case you need further information!

\_\_\_\_\_  
Student Signature (required if over 18)

\_\_\_\_\_  
Parent's signature (if under 18)

\_\_\_\_\_  
Date

Return this form with check or money order for \$4.25 (for each transcript request) made payable to: York High School

Mail to:

Registrar  
York Community High School  
355 W. St. Charles Rd.  
Elmhurst, IL 60126