



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