TRANSCRIPT/IMMUNIZATION RECORDS RELEASE AUTHORIZATION

Lyons Township High School

Former Students

Please note: The official transcript will include a record of all courses taken for high school credit, the semester grade assigned to each course, attendance and tardiness records, weighted class rank plus unweighted class rank for the class of '01-'16.

ACT/SAT scores are not included on transcripts. You must make arrangements directly with the testing company and pay their required fees.

Go to act.org for ACT scores and collegeboard.org for SAT scores.

Please help us to assure you of the accuracy of sending your records/transcript by printing the following information:

Name Used While Attending LTHS: _____ (First) _____ (M.I.) _____ (Last)

Address Used While Attending LTHS: _____

Name Now (if different from above): _____ (First) _____ (M.I.) _____ (Last)

Current Address (if different from above): _____

Date of Birth: _____ (MM/DD/YYYY) Telephone #: _____ Year of Graduation: _____

Email address: _____

Signature: _____ Date: _____

I am 18 years of age or older and authorize Lyons Township High School to forward my official:

TRANSCRIPTS TO: **IMMUNIZATION RECORDS TO:**

Include contact person/department, school name, address, city/state/zip for each request; use back of sheet if needed.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

There is a $5.00 fee for each transcript/immunization requested.
Payment must be made before transcript/immunization can be mailed.

THIS SECTION TO BE COMPLETED BY LTHS

Date/Amount Received from Student: _____ Date Mailed: _____