



EVERGREEN PARK COMMUNITY HIGH SCHOOL DISTRICT 231

9901 S. Kedzie Avenue Evergreen Park, Illinois 60805-3416

Phone: 708/424-7400 Fax: 708/424-7497

www.evergreenpark.org



Request for Official Transcript

Student Information:

Name (Last, First MI)		Today's Date
Name while enrolled/previous name(s)		Date of Birth
Current Mailing Address (Street, Apt. # if applicable)		
City	State	Zip
Phone	Email	

Delivery Information: Please allow ten business days for processing.

Name of School/ Company or Institution		
Attention		
Mailing Address (Street, Apt. # if applicable)		
City	State	Zip
Fax	Email	

Payment Information:

Transcript fee is \$5.00 per transcript. Accepted forms of payment are cash, money order, check made out to EPCHS, credit, or debit. To make a payment via telephone using credit or debit, call 708-398-1275.
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Official transcripts of academic records are released with a signed written request and of copy of a picture ID. I authorize the release of my official transcript from Evergreen Park Community High School.

Signature	Date
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I have attached a copy of a picture for authentication. Official transcripts will not be released with a valid photo ID.

Transcript requests can be submitted by mail, fax, or email.

Evergreen Park Community High School Attn: Registrar 9901 S. Kedzie Ave. Evergreen Park, IL 60805	Email: transcripts@evergreenpark.org Fax: (708) 424-3045	Office Use Only Transcript sent: _____ Payment Received: _____
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