



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:

| |
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| Transcript fee is \$5.00 per transcript. Accepted forms of payment are cash, money order, check made out to EPOCHS, 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 |
|-----------|------|

☐ 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.

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| 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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