Glenbard South High School
Transcript / Health Record Request

There is a $2.00 fee for each transcript or health record request. If record is to be faxed, the fee becomes $5.00 for each record requested. Please allow 7-10 working days to process your request once we have received it. If you request a copy of your transcript to be taken by you or mailed to your home, it will be marked "Unofficial"

Today's Date_____

_____ _____
Name as it appears on your Glenbard South records Year of graduation/withdrawal

Requesting: Transcript ☐ Health Record ☐

_____
Name of institution where record is to be sent

_____
Mailing address of institution where record is to be sent

_____

_____
City State Zip

_____
FAX Number (if applicable)

_____ _____
Your Signature Your daytime phone number

Mail your request and payment to:

Glenbard South High School
Attn: Guidance Secretary
23W200 Butterfield Rd.
Glen Ellyn, IL 60137

Phone: 630-469-6500
Fax: 630-469-6572

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FOR OFFICE USE ONLY:

Date Received _____ Paid ☐ $ _____ Date Sent _____