

GLENBARD ALUMNI TRANSCRIPT REQUEST FORM

Name: _____
Last First

(Maiden Name) Birth Date ____/____/____

Phone # (____) _____ Year of Graduation _____ Did you Graduate? _____
Y/N

Please send transcript to: _____

Address

City State Zip Code

Student Signature _____

☐ Official ☐ Unofficial

ACT/SAT scores are **not included** on the transcripts. You must make arrangements with the testing agencies directly. Go to ACT.org for ACT scores and collegeboard.com for SAT scores.

- Please complete this form for each transcript requested.
- Please allow 10 school days for your request to be processed.
- If **emailing** this request please include a scanned copy of your current ID along with this completed form to our Registrar at Madeleine_dedic@glenbard.org.
- Mail this completed form to your former high school.

Attn: Registrar's Office
Glenbard South High School
23W200 Butterfield Road
Glen Ellyn, IL 60137

NOTE: Illinois Board of Education Law 105ILCS 10/2

Once a student reaches the age of 18, enters military service, gets married, or graduates from high school, (s)he is the ONLY person who can request his/her transcript. The request must include the student's signature and satisfactory evidence of his/her identity.

Internal Use Only:

Date received ____/____/____ Date sent ____/____/____ 02/12/2016 MD