

# GLENBARD ALUMNI TRANSCRIPT/MEDICAL REQUEST FORM

Name: \_\_\_\_\_  
Last First

\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last Name when Attending Glenbard North)

Phone # (\_\_\_\_) \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Did you Graduate? \_\_\_\_\_  
Y/N

Am Requesting: \_\_\_\_\_ Transcript \_\_\_\_\_ Immunizations/Medical Records

Please send transcript to: \_\_\_\_\_  
Name of School or Person  
\_\_\_\_\_  
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.**

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● **No faxed or e-mailed requests for transcripts shall be honored.**

- Please complete this form for each transcript requested.
- Please allow up to 10 school days for your request to be processed.
- **Mail** this completed form to your former high school.

Attn: Registrar's Office  
Glenbard North High School  
990 Kuhn Rd.  
Carol Stream, IL 60188

**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.*

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**Internal Use Only:**

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_

01/03/2017 PJD