

Glenbard Alumni Transcript/Medical Request Form

Last Name First Name MI

Maiden Name (if applicable) Date of Birth Phone Number

Year of Graduation _____ Did you graduate? (Y/N) _____

Records being requested:

_____ Official Transcript _____ Unofficial Transcript _____ Health/Immunization Records

(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 send records to: _____
Name/School/Company

Street Address

City State Zip Code

Student Signature: _____

- No faxed or emailed requests for transcripts shall be honored
- **PLEASE INCLUDE A COPY OF YOUR PHOTO ID**
- Please allow up to 10 school days for your request to be processed
- Please complete this form for each transcript requested
- Send this form by mail to:

Glenbard North High School
Attn: Registrar's Office
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.

Internal Use Only:

Date received _____ Date sent _____ ID _____ REV 9/9/2022

