

# 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: \_\_\_\_\_

- Faxed, mailed or in-person 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 6018*
- Send this form by fax to: 630-681-3412

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 1/24/2023