

PLEASE PRINT CLEARLY

ALL TRANSCRIPTS REQUIRE A \$1.00 EACH (CASH, CHECK OR MONEY ORDER) PROCESSING FEE PER TRANSCRIPT. FAX REQUESTS ARE NOT HONORED.

I.D. No. (If known): _____

Last Four Digits of Social Security No. _____

Year of Graduation: _____

Date of Birth _____

Your Name: _____

Last Name at Graduation: _____
(If different from Graduation name)

Deadline date when it must reach school: _____

Scholarship Name/

College Name: _____

Your Signature: _____

Attention: _____

Date: _____

Address: _____

Your Telephone No.: _____

City, State, Zip _____

**MAIL THIS REQUEST TO: REGISTRAR
ELK GROVE HIGH SCHOOL
500 W. ELK GROVE BLVD.
ELK GROVE VILLAGE, IL 60007**