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

Please send records to: _____
Name/School/Company

_____
Street Address

_____
City State Zip Code

Student Signature _____

- Please allow 10 school days for your request to be processed.
- If emailing this request, please include a scanned copy of your photo ID
- Send this form by email to jessica_sauter@glenbard.org or by mail to:

Attn: Registrar's Office
Glenbard East High School
1014 South Main Street
Lombard, IL 60148

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 _____/_____/_____

10/17/16 JS