

Proviso West High School

4701 Harrison Street • Hillside, Illinois 60162

Phone (708) 449-6400 • Fax (708) 449-3636

Date Ordered: _____

Date Mailed/Hand Carried: _____

Processed by: _____

Counselor's Initials: _____

(Leave Blank - Office Use Only)

TRANSCRIPT REQUEST

Student I.D.# _____ Date of Birth: ____/____/____ Class of _____

Name: _____ (if married, Maiden name) _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Pager: _____

Are you currently attending Proviso West? Yes _____ No _____

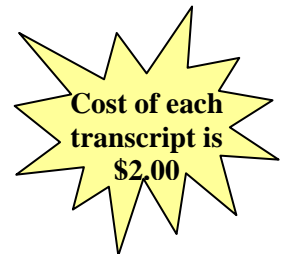
If not, please circle one of the following choices (graduated / withdrawn) and the date _____.

WHAT TYPE OF TRANSCRIPT ARE YOU REQUESTING?

_____ Current Transcript (requested grades before graduation)

_____ Final Transcript (requested grades after graduation)

_____ Personal Copy (unofficial copies after graduation)



Note: Faxed requests will not be filled until the transcript fee has been received.

MAIL TRANSCRIPT TO:

University, High School, Employment: _____

Street Address/P.O. Box: _____

City/State/Zip Code: _____

(I hereby give my consent for the release of my transcript and all other information contained therein to the School, Military Branch, Corporation, etc., named above.)

Today's Date: _____

Student's Signature: _____

(If 18 years of age or older)

Parent's Signature: _____

(For students under the age of 18)

(Office use only) ACT School Code: 142-286