

Transcript Request Form (High School Graduate)



Legal Name (Please Print): _____

Legal Name in High School, if different (Please Print):

Year of Graduation: _____ Birth Date: _____

Please select one of the following options (**Note: an official transcript is signed and sealed by the registrar and remains official until opened by recipient**):

_____ **Mail Official Transcript**

Organization: _____

Address: _____
(Address) (City) (State) (Zip Code)

_____ **Pick-up Official Transcript**

_____ **Mail Unofficial Transcript**

Organization: _____

Address: _____
(Address) (City) (State) (Zip Code)

_____ **Email Unofficial Transcript**

Send to: _____
(Name) (Organization)

Send to this email address: _____

_____ **Pick-up Unofficial Transcript**

Requested By: _____ **Date:** _____
(Student Signature)

Best Contact Number: _____

Please keep in mind that there is a \$5.00 fee to process each official transcript. Payment can be made with cash, check, or money order. Unofficial transcripts are free of charge. Requests are usually processed within three business days. Please make all checks payable to Westmont High School. Send all forms and fees to the Westmont High School Registrar, 909 Oakwood Drive, Westmont, IL 60559.

For Office Use Only: Date Received: _____ Date Processed: _____ Fee Paid: _____