



MUNDELEIN HIGH SCHOOL

DISTRICT 120

1350 W HAWLEY STREET, MUNDELEIN, ILLINOIS 847-949-2200

TRANSCRIPT REQUEST FORM FOR ALUMNI

Please print and mail, fax to (847) 388-4712, or email to mbledea@d120.org

Print Form

Name: _____ Phone # _____

Email Address: _____ Birthdate: _____ Year of Graduation: _____

Please mark an "X" next to the type of transcript needed: ☐ Weighted Transcript ☐ Unweighted Transcript

College/Agency to receive transcript: *(transcript includes grades and class rank)*

School Name: _____

School Address: _____

Check One: ☐ Official ☐ Unofficial ☐ Official State
sent directly to college/agency *available for pick-up* *available for pick-up for non-college reasons (i.e. DMV)* Reason: _____

Signature: *(signature required after printing)* _____

Allow (5) business days for your request to be completed.

FOR OFFICE USE ONLY > > > Date Sent/Picked Up: _____