

## TRANSCRIPT REQUEST FORM FOR ALUMNI

Name:	Phone #:	
Email Address:	Birthdate:	Year of Graduation:
College/Agency you would like transcript sent to:		
Name:		
Address:		
Signature:		
PLEASE COMPLETE AND MAIL, FAX OR EMAIL TO: Mary Bledea Fax (847) 388-4712, mbledea@d120.org		
*Allow seven to ten (7-10) business days for your request to be completed.		
FOR OFFICE USE ONLY >>> Date Sent/Picked up:		