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## Transcript Request Form

Complete this form and return to the address below with a \$5.00 processing fee (checks made payable to Immaculate Conception High School). An official copy of your final transcript will be forwarded as quickly as possible to the provided address (personal copies are unofficial).

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last Name:** \_\_\_\_\_

**Maiden Name (if applicable):** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please forward a copy of my transcript to the following address:

Company, College/University: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Mail form to: Immaculate Conception High School  
Registrar Office  
217 Cottage Hill Avenue  
Elmhurst, IL 60126

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REQUEST RECEIVED \_\_\_\_\_ DATE MAILED \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_

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