Transcript Request Form



St. Edward CCHS 335 Locust Street Elgin, IL 60123 Director of Counseling

This form must accompany all transcript requests. Please complete this form and submit this form to the Student Services office at school.

Today's Date	Year of Graduation
Phone Number	email
Full Name, Printed	
Signature	
Please send my high school transcript to the col	lege(s) listed below:
	rege(s) listed below.
EXAMPLE	
Northern Illinois University	
Office of Admissions	
PO Box 3001	
DeKalb, IL 60115-2857	