## **Transcript Request Form**



St. Edward CCHS 335 Locust Street Elgin, IL 60123 Registrar

This form must accompany all transcript requests. Please complete this form and submit to the school's registrar, Pam Roesslein at proesslein@stedhs.org or fax to (847)695-4682. Transcripts will not be sent until identification has been provided.

Year of Graduation

Today's Date	Year of Graduation
Phone Number	email
Full Name, Printed	
Signature	
If completing the transcript request form online, or state ID along with the form.  Please send my high school transcript to the col	, you must upload a copy of your drivers license
	nege of person listed below.
EXAMPLE	
Northern Illinois University	
PO Box 3001	
DeKalb, IL 60115-2857	