

Office Use Only

SHS Staff Initials _____

Date _____

TRANSCRIPT REQUEST FORM FOR FORMER SHS STUDENTS

Schaumburg High School
1100 W. Schaumburg Road
Schaumburg, IL 60194

Please allow 2 days for all official transcript requests. Incomplete transcript requests will delay processing. Submit to Schaumburg High School's Guidance Office via mail or fax to 847-755-4904.

Name _____ Class of _____

Maiden Name _____ ID# _____

Date of Birth _____ Phone Number _____

Please send transcript/records directly from Schaumburg High School to:

Name of College/University/Scholarship/Employer

Street Address

City, State

I hereby give my permission for Schaumburg H.S. to release all records pertaining to above student to requested location.

Student Signature

Date

Parent/Guardian Signature (if under the age of 18)

Date

An official transcript may include:

1. Name, address and graduation date.
2. Courses taken, grades, credits earned, grade point average, and rank in class.
3. Attendance data.
4. Score on college entrance tests.
5. Grades earned when withdrawal occurs prior to the completion of a semester.
6. Information necessary to interpret the transcript including a key of the grading scale.