

EVERGREEN PARK COMMUNITY
HIGH SCHOOL
9901 S. Kedzie Avenue
Evergreen Park, IL 60805

Request for Official Transcript
(Graduated and Former Students Only)

Today's Date: _____ Date of Graduation: _____ Birth Date: _____

Student Name: _____
(Please PRINT name exactly as the high school would have it on file)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone Number: _____

Official transcripts of academic records are released only by mailing in a signed written request and a copy of a picture ID. Faxed or e-mailed requests must also have copy of a picture ID. Transcripts are \$5.00 fee for each copy and only cash or money order will be accepted. Upon receipt of request, copy of picture ID, and fee payment, a copy of your official transcript will be mailed within 10 business days to the address provided.

I authorize the release of my official transcript.

Student Signature (Required): _____
(Current Name)

Please mail an official to:

Name of School/Company/Institution: _____

Attention: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Please return request, copy of ID, and payment to the address below. Or Email: sclark@evergreenpark.org

Evergreen Park
Community High School
Attn: Registrar
9901 S. Kedzie Ave.
Evergreen Park, IL 60805
Fax: 708/424-3045

For Office Use Only: Date Mailed: _____ Payment Received: _____
