

GRANT COMMUNITY HIGH SCHOOL

Transcript/Record Request

Past Students: Please provide a photo ID when requesting transcripts via fax, email, U.S. Postal Service or in person.

Name (when enrolled as a student): _____

Date of Birth: _____ Grad year or last year attended: _____

Please check type of record requesting: (email or fax will be an unofficial document)

_____ Unofficial Transcript Email Address: _____

_____ Fax Number: _____

_____ Immunizations

_____ Other (please indicate): _____

_____ Official Transcript

Name of School/Institution/Scholarship this record is for:

Name: _____		
School Address: _____		
City: _____	State: _____	Zip: _____

_____ Picking Up (this can be official or unofficial)

Signature: _____

Date: _____ Phone Number: _____

Please note: You will only be notified if there is an issue with this request.

<u>Return completed form to:</u>	Diane Chlebicki,	Phone: (847) 587-2561
	Registrar	Fax: (847) 587-2991
	285 E Grand Ave	Email: dchlebicki@grantbulldogs.org
	Fox Lake, IL 60020	

For Office Use Only

Fees Owed: _____