

Grant Community High School

Transcript/Record Request

****Past Students:** Please provide a photo ID along with this form**

Name (when enrolled as a student): _____

Date of Birth: _____ Grad Year (or expected if current student): _____

If you did not graduate, last year attended: _____

Please check type of record requesting:

_____ Official Transcript _____ Unofficial Transcript _____ Immunization Records _____ IEP
_____ 504 Plan _____ Other (please indicate): _____

Will you be picking up this record? _____ *If NO, please fill out next section - if YES, next section is not required*

If someone is picking up on your behalf, please give their full name: _____

If records need to be sent elsewhere, please check the desired method of delivery and provide sending info:

(NOTE: an emailed or faxed transcript will be unofficial unless it is known that the receiving agent will accept it as an official copy)

_____ **U.S. Mail**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

_____ **Email Address:** _____

_____ **Fax Number:** _____

Per FERPA Law, any student/alum 18 years of age or older must sign to release their own records

Signature: _____ **Date:** _____

Phone Number: _____ **E-mail:** _____

Return completed form to:

Katie Kauth, Registrar
Phone: (847) 587-2561 ext. 3425
Email: kkauth1@grantbulldogs.org
Fax: (847) 587-2991

For Office Use Only

Fees Owed: _____