

LAKE ZURICH HIGH SCHOOL

REQUEST FORM

TRANSCRIPT / OFFICIAL DOCUMENTS

TODAY'S DATE:	CLASS OF:
STUDENT NAME:	BIRTH DATE:
YOUR HOME PHONE NUMBER:	SOCIAL SECURITY #:
YOUR COUNSELOR'S NAME:	DEADLINE DATE:
STUDENT SIGNATURE:	

INSTRUCTIONS

1. Please complete all areas of this request form.
2. **Your application is your responsibility!** In fairness to all, applications are processed **IN THE ORDER RECEIVED**. Anything with a deadline date must be submitted at least **15 school days** prior to deadline. (If the deadline falls during a school break, applications must be submitted at least 15 days prior to the date of school closing.)

NAME OF COLLEGE OR SCHOLARSHIP:
COLLEGE/SCHOLARSHIP ADDRESS:

PLEASE CHECK ITEM(S) THAT APPLY:

Cost of each official transcript is \$3.00.

Checks only (made payable to LZHS).

- | | |
|--|--|
| <input type="checkbox"/> COLLEGE APPLICATION | <input type="checkbox"/> SCHOLARSHIP APPLICATION |
| <input type="checkbox"/> OFFICIAL TRANSCRIPT | <input type="checkbox"/> UNOFFICIAL TRANSCRIPT |
| <input type="checkbox"/> COLLEGE APPLICATION FEE
CHECK # _____ FOR \$ _____ | <input type="checkbox"/> APPLICATION ONLY
NO TRANSCRIPTS NEEDED |
| <input type="checkbox"/> RECOMMENDATION(S) ATTACHED | <input type="checkbox"/> APPLICATION SENT ON-LINE |
| <input type="checkbox"/> COUNSELOR PAGE | <input type="checkbox"/> IMMUNIZATION RECORD |

SPECIAL INSTRUCTIONS:

FOR OFFICE USE ONLY

Date Paid: _____ Amount: _____ Completed by Counselor _____
Rec'd by Registrar _____ Mailed: By _____ Date _____

NOTE: This transcript request must be signed before being processed.

Fax to: LZHS Registrar (847) 438-5198 or
Mail to: Guidance Office, Lake Zurich High School, 300 Church Street, Lake Zurich, IL 60047