

Lake Zurich High School Transcript Request

Today's Date: _____

Name: _____

Birth date: _____

Your home phone number: _____

Class of: _____

Your counselor's name: _____

Social security #: _____

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: _____

City: _____ State: _____ Zip: _____

Please check all that apply:

_____ College application

_____ Scholarship Application

_____ Official transcript

_____ Unofficial transcript

_____ College application fee
Check # _____ for \$ _____

_____ application only
no transcripts needed

_____ Recommendation(s) attached

_____ Application sent on-line

Cost of each official Transcript \$3.00
(Graduates do not pay a fee)

Special Instructions:

Note: This transcript request must be signed before being processed

Fax to: registrar (847) 438-5198

or

Mail to: Guidance office, 300 Church street, Lake Zurich, IL 60047