

TRANSCRIPT REQUEST FORM
FORMER WHEATON NORTH HIGH SCHOOL STUDENTS

Registrar Office – 701 W. Thomas – Wheaton, IL 60187 - (630) 784-7323

\$5 per Transcript - Transaction Process Takes 7-10 Days

Must include a copy of a current photo ID

_____/_____/_____
Last Name (maiden name, if appropriate) First Name Date

_____/_____/_____
Graduation Year (____) Home Phone # Email Birth Date

Send Transcript to:

School/Organization: _____

Address: _____

City/State/Zip: _____

Email Address: _____ (if a pdf will be accepted)

Deadline Date: _____ (please circle) Official/Unofficial

Send Transcript To:

School/Organization: _____

Address: _____

City/State/Zip: _____

Email Address: _____ (if a pdf will be accepted)

Deadline Date: _____ (please circle) Official/Unofficial

Send Transcript To:

School/Organization: _____

Address: _____

City/State/Zip: _____

Email Address: _____ (if a pdf will be accepted)

Deadline Date: _____ (please circle) Official/Unofficial

NOTE: TO PROTECT STUDENT'S PRIVACY WNHS DOES NOT SEND ACT/SAT SCORES. It is the student's responsibility to make sure appropriate scores are sent to the institution.

I, _____ **(signature required)** authorize the release of my school transcript to be sent to the above school, organization, or agency.

OFFICE USE ONLY

Paid \$_____ Photo ID _____ Date Sent _____