

St. Charles East High School

Transcript Request Form

Graduate

Name: (Please Print) _____
(Maiden name or name used in High School)

Year of Graduation: _____ Birth Date: _____

_____ Send Official Transcript _____ Pick-up Official Transcript **Note: Official Transcript is signed and sealed by registrar and remains official until opened by recipient.**
_____ Send Unofficial Transcript _____ Pick-up Unofficial Transcript

Send To: _____

Address: _____
(Street) (City) (State) (Zip Code)

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot again be given to any other agency or person, by the recipient, without my written consent. I also understand that the information released may only be used for the purpose itemized above.

Requested by: _____ Date: _____
(Former Student's Signature)

Note: St. Charles East DOES NOT release ACT/SAT scores. These scores must be ordered directly from the testing center(s).

**There is a \$5.00 fee for EACH transcript request
(Cash, check or money order only)**

For Office Use Only:
Registrar: Date Received: _____ Date Mailed: _____ Fee Paid: _____