

ADDISON TRAIL HIGH SCHOOL  
213 N. Lombard Road  
Addison, IL 60101  
Phone # 630-628-3319-Registrar



**Request for Official Transcript**  
(Graduated and Former Students Only )

Today's Date: \_\_\_\_\_ Graduation/Last Attended Year: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please PRINT name while attending high school)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_

An official transcript of academic records can be picked up at ATHS with at least one (1) day's notice. It can also be released by mailing in or dropping off this signed request, a copy of your picture ID and the \$3.00 fee payment per each copy by Door #1. Only cash or money order will be accepted, sorry no personal checks. No **faxed or emailed requests shall be accepted**. Upon receipt of your request, copy of picture ID and fee payment, your official transcript will be mailed to the address provided on the form or you will receive a call to let you know when you can come pick it up. Please call the number above with any questions.

I authorize the release of my official transcript.

Student Signature (Required) \_\_\_\_\_  
(Current Name)

If you are dropping off your request at school, please complete the following:

I will pick up \_\_\_\_\_, OR please mail my official transcript to:

Name of Company/Institution/Requestor: \_\_\_\_\_

Attention: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If mailing in form: Please return **request, copy of ID and fee payment** to the address below.

Addison Trail High School  
Attn: Registrar  
213 N. Lombard Road  
Addison, IL 60101

<b>For Office Use Only:</b> Date Mailed: _____ Payment Received: _____
--