

Transcript Request

(Please PRINT)

Mail your request with \$2.00 (**cash or money order only**- no personal checks or credit cards **Requests will not be processed without payment of fee.**) to:

Registrar
Oak Park and River Forest High School
201 North Scoville
Oak Park, IL 60302

Name: _____

Maiden Name (if applicable): _____

SS# _____

Graduation Date: (Month/Year) _____

or Withdrawal Date: (Month/Year) _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____

Phone: () _____

Mail Transcript to: (**if different from above**)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

For office use: Date request received _____ Date mailed: _____