

REQUEST FOR TRANSCRIPT

Please print this form, complete, sign and mail the appropriate fee to Lake Forest High School, Attention: Transcript Office, 1285 N. McKinley Road, Lake Forest, IL 60045. If you are faxing this request to the Transcript Office, you may do so at (847) 582-7792.

Effective July 1, 2008, the Lake Forest High School Board of Education approved the following change:

FEES: College – First 8 are free; each additional request is \$11.00 (Seniors Only)
All Others: \$3.00 each. Please make checks payable to Lake Forest High School.

Today's Date: _____ Counselor: _____ Year of Graduation: _____

Application Deadline: _____ For: _____ College _____ Common APP Included
_____ Athletic _____ Summer Program
_____ Scholarship _____ Other _____

STUDENT FULL NAME (Please Print): _____
(Former name in parentheses if applicable)

INSTITUTION NAME & ADDRESS: _____
(Completed Envelope Mandatory)

****DO NOT SEAL****
OR STAMP THE ENVELOPE

CHECK ONE: _____ Early Decision _____ Early Action _____ Rolling/Regular Admission

I understand that my ACT and SAT test scores are NOT included on my transcript and it is my responsibility to send my test scores to the college(s) of my choice. Please allow 3 – 4 weeks for your scores to arrive.

SIGNATURE: _____
Please allow 10 school days from your date of request for your transcript to be mailed. (Graduates allow 1-2 days to be mailed)

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All Others: \$3.00 each. Checks payable to: Lake Forest High School

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Date Mailed _____ Transcript _____ Supporting Documents: Profile/Schedule/Secondary School Report _____

Essay _____ Common App. _____ Counselor Rec. _____ Personal Stmt. _____ Application _____ Check _____

Transcript Coordinator: Naviance Update _____ Fee _____ Paid _____