



Schaumburg High School  
1100 W. Schaumburg Road  
Schaumburg, IL 60194

## TRANSCRIPT REQUEST FORM FOR FORMER SHS STUDENTS

Office Use Only
SHS staff initials _____
Date _____

Current Date

Please allow 3 business days for all official transcript requests. Incomplete forms will delay processing. Submit to Schaumburg High School's Student Services Office via mail or fax to 847-755-4904.

Name \_\_\_\_\_ Class of \_\_\_\_\_

Maiden Name \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Phone Number \_\_\_\_\_

Please send transcript/records directly from Schaumburg High School to:

Name of College/University/  
Scholarship/Employer

Address

City

State

Zip Code

Country

I hereby give my permission for Schaumburg H.S. to release all records pertaining to above student to requested location.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature(if under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_

An official transcript may include:

1. Name, address and graduation date
2. Courses taken, grades, credits earned, grade point average, and rank in class.
3. Attendance data
4. Score on college entrance tests.
5. Grades earned when withdrawal occurs prior to the completion of a semester.
6. Information necessary to interpret the transcript including a key of the grading scale.