

**Shermer Middle School
Guidance Department
Transcript Request Form
Transcripts - \$5.00**

Date of Request ____/____/____

TRANSCRIPTS WILL BE PROCESSED IN THE ORDER RECEIVED. PLEASE ALLOW TWO WEEKS FOR THE TRANSCRIPT TO BE DELIVERED.

Student Information:

Name (while attending): _____

Address: _____

City State Zip Code Telephone Number

Request transcript to be sent to:

Official **Unofficial**

Name of college/organization: _____

Address: _____

City State Zip Code

Mail **Will pick up**

Signature of Student _____

Signature of Parent/Guardian _____

(Required if student is under 18)

For Office Use Only:

Date Paid:

Date Mailed/Pickup:

Initials:

All OFFICIAL Transcripts must be mailed. Hand carried transcripts will be stamped UNOFFICIAL.