



St Charles North High School
Graduated Student Transcript Request

** There is a \$1.00 charge for this request**

Please allow the Guidance Department 10 school days for processing your application

STUDENT ID NUMBER SOCIAL SECURITY #

NAME (Please Print)

ADDRESS street city state zip

YEAR OF GRADUATION BIRTH DATE

SEND TRANSCRIPT TO

ADDRESS (Where transcript Should be sent) street city state zip

Official Transcript will include grade information through most recently completed semester. School profile will be attached to transcript.

Official test results must be mailed directly from the test company. Forms are available in the Guidance Office for this purpose.

I understand that it is my right to revoke in writing this consent for the release of information at any time. I consent to allow release of only the information specified on this consent form. I understand that once received, the information cannot again be given to any other agency or person by the recipient without my written consent. I also understand that the information released may only be used for the purpose itemized above.

Must be Signed by the Graduated Student Date

For Office Use Only

Registrar Received Date Date Mailed Fee Paid