

**PROCESSING WILL TAKE UP TO 5 BUSINESS DAYS**

**Harlem High School**  
1 Huskie Circle  
Machesney Park, IL 61115  
Phone (815) 654-4511  
Fax (815) 654-4525

**REQUEST  
FOR  
TRANSCRIPTS**

Instructions:  
- Print or type.  
- Fill out each section completely.

**STUDENT IDENTIFICATION**

Name: \_\_\_\_\_ **20** \_\_\_\_\_  
 Last First M.I. Maiden Name Grad Year

Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth Phone # \***last 4** of social security #  
*with area code \*Will not be processed if not provided*

Items Needed: Transcript ACT Immunization ISBE Form Drop Letter

Reason for Request: College Transferring Schools GED  
 Employment Other: \_\_\_\_\_

**COLLEGE/UNIVERSITY NAME AND ADDRESS**

School Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip Fax \_\_\_\_\_

Circle One: MAIL or WILL PICK UP ON: \_\_\_\_\_ (Remember, allow up to  
 (see note below) 5 days for processing.)

**\*\*\*\*\*NOTE\*\*\*\*\***

**IF YOU DO NOT PROVIDE THE SCHOOL ADDRESS, REQUESTED ITEMS WILL BE SENT TO STUDENT ADDRESS ABOVE**

**SIGNATURE REQUIRED TO PROCESS**

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (18 or older requires student signature)

**TO BE COMPLETED BY OFFICE PERSONNEL**

Excel Entry Date: \_\_\_\_\_ By: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Proc. By: \_\_\_\_\_ Date: \_\_\_\_\_