

WHEELING HIGH SCHOOL ALUMNI REQUEST FORM



✦ **A photocopy of your current Driver's License or State Identification must be submitted with this form** ✦

Please indicate your request below and enclose the appropriate fee to process your request.

Number of copies \$10.00 each - TRANSCRIPT

Number of copies \$10.00 each - IMMUNIZATION RECORD

Print current information

Name _____ Maiden _____ Graduation Year _____

Address _____ Date of Birth _____

City, State, Zip _____ Phone _____

Signature of Alumni (not parent) _____ Date _____

Contact me at the phone number listed above when my record is ready for pick-up.

I give permission to mail my high school transcript and/or immunization record to:

Name _____

Attention _____

Address _____

City, State, Zip _____

PLEASE NOTE:

- ✦ Mail your request form (verbal, faxed or e-mail requests are not accepted).
- ✦ Only you can request/sign for your transcript or immunization record to be released.
- ✦ **Requests will not be processed without a completed form that includes your signature, payment and a photo ID.**

YOUR RECORDS WILL NOT BE RELEASED TO ANYONE ELSE EXCEPT YOU FOR PICK-UP

ENCLOSE FEE AND MAIL TO: Wheeling High School
Attention: Registrar
900 S. Elmhurst Road
Wheeling, IL 60090

OFFICE USE ONLY

Received _____ Fee _____ Mailed/Picked-up on _____ by _____
Date Amount Date Signature

Recorded _____