

OFFICIAL TRANSCRIPT REQUEST

PLEASE PRINT CLEARLY – Any missing information will delay processing.

DATE: _____ PHONE NUMBER: _____

STUDENT NAME: _____ MAIDEN: _____

ATTENDANCE DATES: FROM _____ TO _____

BIRTHDATE: _____ GRADUATION YEAR _____

PLEASE SEND TO:

Institution Name: _____

Address: _____

City, State, ZIP _____

SIGNATURE: _____



For Office Use Only

Paid _____ Date Sent _____ Initials _____ Other _____

Instructions:

Download and print the Official Transcript Request form.

Submit the completed form with your \$5.00 processing fee to:

Registrar
Luther High School North
5700 West Berteau Avenue
Chicago, IL 60634

Make checks payable to Luther North.