



Transcript Request Form

(Please Print)

Each transcript request costs \$3.00. Please make check payable to Trinity High School. Mail request form and payment to: Trinity High School, Registrar, 7574 W. Division Street, River Forest, IL 60305. Any questions call 708-453-8395 or email rmartinez@trinityhs.org. Normal processing of transcripts takes three to five business days. Please allow additional time for mail service.

Student's Name (While a Student): _____

Street, City, State, Zip Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Year of Graduation: _____

Check All That Apply:

- Mail to Student
- Mail to address below
- To be picked up
- Official
- Unofficial

Amount of money enclosed: _____

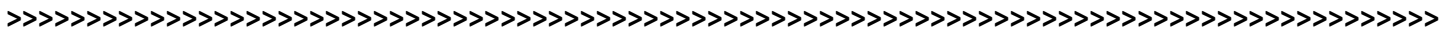
Student's Signature: _____

Date: _____

Transcript should be made to the attention of: _____ Street, City, State, Zip Code: _____
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OFFICE USE ONLY:

Date transcript is mailed/picked up: _____