

**Transcript Request**  
(Please PRINT)

Mail your request with \$3.00 (money order or check) to:

**Trinity High School**  
**Attn: Registrar**  
**7574 W. Division Street**  
**River Forest IL 60305**

Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Or Withdrawal Date: (Month/Year) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Mail Transcript to:**

Name of School/Employer/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

-----  
For office use: Date request received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Fee paid: \_\_\_\_\_