

Transcript Request

(Please PRINT)

Mail your request with \$5.00 (cash, money order or check.

Requests will not be processed without payment of fee.) to:

Registrar Date Requested: _____

Oak Park and River Forest High School

201 North Scoville Avenue

Oak Park, Illinois 60302

Name: _____

Maiden Name (if applicable): _____

SS#: _____ Date of Birth _____

Graduation Date: (Month/Year) _____

Or Withdrawal Date: (Month/Year): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

Pick up: _____ or

Mail _____ to: (if different from above)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____