

**Transcript Request
Registration**

Date: _____ Date of Graduation (*if applicable*): _____

Student's Full Name
while enrolled at District 158 _____

Date of Birth: _____ Student ID #: _____

Purpose of Transcript: College Admission Scholarship Application Personal Use
 NCAA Immunization Records Other

Please send transcript to: *(Complete separate transcript request forms if transcripts will be sent to multiple addresses)*

Name of School / Agency: _____

Attention (Person or Department): _____

Street Address: _____

City, State and Zip: _____

If transcript is needed by a specific date, please indicate exact numerical date: _____

Your signature below authorizes Huntley Community School District 158 to send the requested transcript to the school or agency as indicated above.

Signature

Date

Daytime Telephone Number

Please return this completed form and processing fee of \$3.00 per transcript to:

**Huntley Community School District 158
Attention: Registration Department
650 Dr. John Burkey Drive
Algonquin, IL 60102**