



# WALTHER LUTHERAN HIGH SCHOOL

## Official Transcript Request Form

### Registrar's Office

Instructions: Complete this form with all applicable information. Student and parent signature, if needed, are both required at time of ordering Official Transcript(s). Please complete accurate address information for each Official Transcript(s) destination and indicate the number of copies to be mailed. It is the student's responsibility to provide accurate address information on this form. Allow up to three business days to process - extra time during peak periods (e.g. end of semester, registration). A transcript request will not be processed for a student who is financially delinquent to Walther.

Please Print or Type

Name (Last, First, M.I.)	Social Security Number	Date of Birth (MM/DD/YYYY)
Permanent Address : Street	City State Zip	Phone Number
E-mail Address	Grad Year/ Dates Attended	Any Previous Last Names (If applicable)

\_\_\_\_\_ (Number) Official Transcript(s) to be picked up at Student Services Office (Picture I.D. Required).

\_\_\_\_\_ (Number) Official Transcript(s) to be mailed to the address(es) as indicated below.

\_\_\_\_\_ (Number) Official Transcript(s) to be FAXED to:

\_\_\_\_\_ (Name or Title)

\_\_\_\_\_ (Institution Name)

\_\_\_\_\_ (Fax Number)

(Faxed transcripts may be considered unofficial copies by the receiving party.)

Send now.       Send when Diploma is awarded.       Send when Grades are recorded at end of semester.

Special Instructions \_\_\_\_\_

Address(es) for Official Transcript(s) Mailing: (Use another form if more than four separate addresses are needed.)

_____ (Number) Official Transcript(s) to: _____ _____ _____	_____ (Number) Official Transcript(s) to: _____ _____ _____
_____ (Number) Official Transcript(s) to: _____ _____ _____	_____ (Number) Official Transcript(s) to: _____ _____ _____

\_\_\_\_\_  
Student Signature (Required)      Date

\_\_\_\_\_  
Parent Signature (Required for students under age 18)      Date

For Office Use Only: ___ Total Copies Requested    ___ Copies for Pickup    ___ Copies to Mail    ___ Copies to Fax    ___ Financial Check By _____ Date _____
---

Form may be mailed to Walther Lutheran High School Attn: Registrar's Office, 900 Chicago Ave., Melrose Park, IL 60160 or faxed to 708/344-0525.  
 Please direct questions to Linda Abbe, Registrar, at 708/344-0404 or Linda\_Abbe@Walther.com.