



PROSPECT HIGH SCHOOL ALUMNI REQUEST FORM

Please indicate your request below and enclose the appropriate fee to process your request.

\$1.00 each - TRANSCRIPT

\$3.00 each - IMMUNIZATION RECORD

PRINT CURRENT INFORMATION

Name _____ Maiden _____ Graduation Year _____

Address _____ Date of Birth _____

City, State, Zip _____ Phone _____

Signature of Alumni (**not** parent) _____ Date _____

I give permission to release my high school transcript and/or immunization record to:

Name _____

Attention _____

Address _____

City, State, Zip _____

PLEASE NOTE:

- ◆ Only you can request and pick-up your transcript or immunization record.
- ◆ Requests will not be processed without a completed form that includes your signature and payment.
- ◆ Mail your request form (verbal, faxed or e-mail requests are not accepted). Due to the large number of “walk in” requests, your records may not be processed the same day if you drop it off, and a scheduled time and day will be arranged for pick-up. Remember, your records will not be released to anyone else for pick-up.

ENCLOSE FEE AND MAIL TO:

Registrar
Prospect High School
801 W. Kensington Road
Mount Prospect, IL 60056

OFFICE USE ONLY

Received _____ Paid _____ Mailed/Picked-Up _____ Recorded _____