

Evanston Township High School  
1600 Dodge Avenue  
Evanston, Illinois 60204-3494



Tel: (847) 424-7180  
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## Transcript Request Form

Name \_\_\_\_\_ ID# \_\_\_\_\_  
*Maiden Name* \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone# \_\_\_\_\_

### Send Transcript To

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**Transcript Fee: \$5.00 ( per transcript )**

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(No personal checks please)

**Signature** \_\_\_\_\_