

LEYDEN DISTRICT 212 STUDENT RECORDS
(Retain this record in the student's file. Reference Policy 5127)

FOR INDIVIDUALS UNDER 18 YEARS OF AGE

REQUEST TO SEND STUDENT RECORDS TO AN ACCREDITED SCHOOL, UNIVERSITY, COLLEGE
OR BUSINESS

Date of Request: _____ I. D. # _____ D.O.B. _____

_____ YEAR OF GRADUATION (OR YEAR SCHEDULED TO GRADUATE)

I / WE THE PARENTS/GUARDIAN OF _____

Request the school transcripts be sent to:

_____ NAME OF SCHOOL OR EMPLOYER

_____ STREET

_____ CITY STATE ZIP

_____ INCLUDE ACT SCORES ON TRANSCRIPT
(If you have taken multiple tests, your highest two (2) scores will be listed.)

_____ DO NOT INCLUDE ACT SCORES ON TRANSCRIPT

_____ SIGNATURE OF PARENT/GUARDIAN

_____ STREET

_____ CITY STATE ZIP

_____ HOME PHONE CELL/WORK PHONE

Please print this form, sign it, and send it to the appropriate registrar. There is a \$2.00 fee for individuals not currently enrolled at Leyden. Checks should be made payable to Leyden High Schools.

Registrar
East Leyden HS
3400 Rose Street
Franklin Park, IL 60131

Registrar
West Leyden
1000 Wolf Road
Northlake, IL 60164