

HOW TO REQUEST COPIES OF YOUR TRANSCRIPT OR IMMUNIZATION RECORD FOR
FORMER STUDENTS

NOTE: Current students (Freshmen at Central Campus), (Sophomore through Senior at East Campus), please go to your respective Registrar's Office during school hours to make requests.

FORMER STUDENTS - Please mail your request, along with a money order in the amount of \$4.00 to the Office of the Registrar, 1333 E. 7th St., Lockport, IL 60441. Your request must include your name, as it was in high school, please clearly write your name, and former female students, please clearly write your maiden name. State the complete name and mailing address to whom your transcript is to be sent. Include your year of graduation or year that you left, your date-of-birth, telephone number, and don't forget to sign the release.

Once we receive your written request, along with your money order, we will process it within 48-72 hours of receipt.

**LOCKPORT TOWNSHIP HIGH SCHOOL,
DISTRICT 205**

1333 EAST 7TH STREET
LOCKPORT, IL 60441

PHONE: 815-588-8354
FAX: 815-588-8359

RELEASE OF RECORDS

I give permission for Lockport Township High School, East Campus, District 205, to release the records of:

NAME OF FORMER STUDENT: _____

MAIDEN NAME: _____

YEAR OF GRADUATION: _____

DATE-OF-BIRTH: _____

PURPOSE (EMPLOYEMENT/SCHOOL/OTHER): _____

Circle requested document

Transcript of grades
Immunization Records (Medical and Dental)

TRANSCRIPTS ARE \$4.00 PER COPY PAYABLE BY CASH OR MONEY ORDER ONLY

(Signature of Former Student)

(Date)