

Transcript Request

Mail your request with \$2.00 (cash or money order only – no personal checks or credit cards). **Request will not be processed without payment of fee.**

**Mail to:**

Bloom Trail High School  
Attention: Registrar  
22331 Cottage Grove Ave.  
Chicago Heights, IL 60411

**PLEASE PRINT LEGIBLY**

Name: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Graduation Date: (Month/Year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Mail transcripts to: **(if address is different from above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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For office use: Date request received \_\_\_\_\_ Date mailed: \_\_\_\_\_

*PLEASE ALLOW 48 HOURS FROM RECEIVING DATE TO COMPLETE THE REQUEST*