

RECORDS REQUEST FORM Current Freshmen, Sophomores & Juniors

Seniors requesting transcripts for colleges/universities must use PHSC form

Student's Full Name:					
Last		First			
Data of Diuth.	of Birth: ID#:		Phone:		
Date of Birth:	ID#:	ID#:			
Please Specify Type o	f Record - no chara	ge for freshmen sonhomores	Pick up	Mail	Quantity
Please Specify Type of Record - <i>no charge for freshmen, sophomores</i> & <i>juniors</i>			1 ich up	1-1411	Quartity
Official Transcript Sealed					
Unofficial Transcript					
Copy of Most Recent Report	Card				
Active Enrollment/Good Sta					
Standardized Test Scores					
Special Education File (pleas	se contact Special Ed (Office at 847-784-6811)			
Health/Immunization (please	•	,			
Treaterly miniamization (produ	o contact from the v	1000 00 017 7 01 2110)			
Please list name and addr	ess of the school or	r organization where you	ı would like	your reco	ords sent:
		OR FAX TO: _			
		FMAIL TO):		
			′ •		
Special Instructions:					
•					
Student Signature - if student is 18 years old				Da	te
Parent Signature – if student is <u>under</u> 18 years old				Da	te
New Trier High School – Regis	trar	OFFICE USE			
385 Winnetka Ave, Winnetka,		Received			
Ph: 847-784-2213 Fx: 847-784-2094 Pick Up/Sent					
E: registrar@nths.net				Revise	