



RECORDS REQUEST FORM

Current Freshmen, Sophomores & Juniors

Seniors requesting transcripts for colleges/universities must use PHSC form

Student's Full Name: _____
Last First

Date of Birth: _____ **ID#:** _____ **Phone:** _____

Please Specify Type of Record - <i>no charge for freshmen, sophomores & juniors</i>	Pick up	Mail	Email
Official Sealed Transcript			
Other:			
Standardized Test Scores <i>Log into your College Board student account to obtain scores; AP or SAT Log into actstudent.org to obtain your ACT scores</i>			
Special Education File <i>Please contact Special Ed Office at 847-784-6811</i>			
Health/Immunization <i>Please contact Health Services at 847-784-2110</i>			

OFFICIAL TRANSCRIPTS are sealed by the Registrar and cannot be opened by anyone other than school or business

Please list name and address of the school or organization where you would like your records sent:

OR EMAIL TO: _____

Special Instructions:

Student Signature - if student is 18 years old

 Date

Parent Signature - if student is under 18 years old

 Date

New Trier High School – Registrar Room 215 385 Winnetka Ave, Winnetka, IL 60093 Ph: 847-784-2213 Fx: 847-784-2094 E: registrar@nth.net	OFFICE USE Received _____ Pick Up/Sent _____
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