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502 W. Euclid Avenue, Arlington Heights, Illinois 60004-5402 PHONE: (800) 348-0899 ~ FAX: (847) 259-2443 EMAIL: custserv@homeschools.org ~ WEBSITE: www.homeschools.org

## TRANSCRIPT REQUEST FORM PLEASE PRINT CLEARLY

STUDENT NAME (AS ENROLLED)	STUDEI	NT ID	DATE OF REQUEST (MM/DD/YY)			
	ATE C DATE C FAMILY S D NO S D NO	DF BIRTH (MM / DD / YY)	PAYMENT MUST ACCOMPANY THIS FORM         Use one form per student.         You may photocopy this form as needed.         Charges for transcripts are as follows:         Per transcript         \$5.00*         Per fax/email transmission         \$5.00         * Each student is entitled to one (1) free transcript.			
CURRENT ADDRESS (HEAD OF HOUSEHOLD)		STUDENT ADDRESS (IF DI	FFERENT FROM HEAD OF	HOUSEHOLD)		
CITY STATE	ZIP	CITY	STATE ZIP			
PHONE (HOME) PHONE (OTHER - SPECIFY	)	PHONE (HOME)	PHONE (OTHER – SPECIFY)			
HEAD OF HOUSEHOLD EMAIL		STUDENT EMAIL				
TRANSCRIPTS WILL BE SENT REGARDLESS OF THE STATUS UNLESS ONE OF THE FOLLOWING HAS BEEN CHECKED.	OF ANY COURSE	EWORK				
□ WAIT UNTIL ALL ACTIVE GRADE LEVELS ARE COMPLETED	)		RE	LEASE SIGNATURE (REQUIRED)		
	v	(REQUIRED)				
GRADE LEVEL COURSEWORK		_ PARENT/GUARDIAN OR ADULT STUDENT				
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CITY STATE ADDITIONAL SERVICES REQUESTED (EXTRA \$5.00 EACH)	ZIP	CITY STATE ZIP ADDITIONAL SERVICES REQUESTED (EXTRA \$5.00 EACH)				
FAX TO ATTN		FAX TO ATTN				
EMAIL TO		EMAIL TO				
PAYMENT VISA MASTERCARD DISC		CHECK/MONEY ORDER	(ENCLOSED)			
CARD NUMBER			PAYABLE TO MAIL TO	CLASS ATTN: TRANSCRIPT DEPT. CLASS 502 WEST EUCLID AVENUE ARLINGTON HEIGHTS, IL 60004		
MONTH YEAR	AI	MOUNT \$	<b>FAX TO</b> (CHARGE CARE	847-259-2443 PAYMENTS ONLY)		

AUTHORIZED SIGNATURE OF CARDHOLDER (REQUIRED)