

# LAKE ZURICH HIGH SCHOOL

## REQUEST FORM

### TRANSCRIPT / OFFICIAL DOCUMENTS

TODAY'S DATE:	CLASS OF:
STUDENT NAME:	BIRTH DATE:
YOUR HOME PHONE NUMBER:	
YOUR COUNSELOR'S NAME:	DEADLINE DATE:
STUDENT SIGNATURE:	

### INSTRUCTIONS

1. Please complete all areas of this request form.
2. **Your application is your responsibility!** In fairness to all, applications are processed **IN THE ORDER RECEIVED**. Anything with a deadline date must be submitted at least 15 school days prior to deadline. (If the deadline falls during a school break, applications must be submitted at least 15 days prior to the date of school closing.)

NAME OF COLLEGE OR SCHOLARSHIP:
COLLEGE/SCHOLARSHIP ADDRESS:

**PLEASE CHECK ITEM(S) THAT APPLY:**

**Cost of each official transcript is \$3.00.**

Checks only (made payable to LZHS).

- |  |  |
|--|--|
| <input type="checkbox"/> COLLEGE APPLICATION<br><input type="checkbox"/> OFFICIAL TRANSCRIPT<br><input type="checkbox"/> COLLEGE APPLICATION FEE<br>CHECK # _____ FOR \$ _____<br><input type="checkbox"/> RECOMMENDATION(S) ATTACHED<br><input type="checkbox"/> COUNSELOR PAGE | <input type="checkbox"/> SCHOLARSHIP APPLICATION<br><input type="checkbox"/> UNOFFICIAL TRANSCRIPT<br><input type="checkbox"/> APPLICATION ONLY<br><input type="checkbox"/> NO TRANSCRIPTS NEEDED<br><input type="checkbox"/> APPLICATION SENT ON-LINE<br><input type="checkbox"/> IMMUNIZATION RECORD |
|--|--|

SPECIAL INSTRUCTIONS:
-----------------------

---

### FOR OFFICE USE ONLY

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt Number \_\_\_\_\_  
 Rec'd by Registrar \_\_\_\_\_ Mailed: By \_\_\_\_\_ Date \_\_\_\_\_

---

NOTE: This transcript request must be signed before being processed.

Fax to: LZHS Registrar (847) 438-5198 or  
 Mail to: Guidance Office, Lake Zurich High School, 300 Church Street, Lake Zurich, IL 60047