



Waukegan Public Schools Transcript Request

Please provide the following information. There is a \$3.00 processing fee per transcript. If there is an outstanding balance on your student account, we will only provide an unofficial transcript.

Name (print): _____

Maiden Name: _____ Date: _____

Date of Birth: ____/____/____

Year of Graduation: _____ OR Year of Withdrawal: _____

Daytime Telephone Number: (____) _____ - _____

If we have ACT scores on file, would you like them included? _____

Signature of Alumni only: _____

Send Transcript To:

Name: _____

Address: _____

City, State, ZIP: _____

Please note that transcripts are only official when delivered in the district-sealed envelope. If you request to have the transcripts sent to your home, please do not open them; instead, let the person asking you for the transcripts open the envelope.

Please enclose a check or money order payable to Waukegan Public Schools, and mail to:

Student Support Services
Re: Transcript Request
742 W. Greenwood Ave.
Waukegan, IL 60087-5003