SCHAUMBURG CHRISTIAN SCHOOL

Transcript Request Form

200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354
www.schaumburgchristian.com

There is a 48-hour processing period for transcript requests. At the beginning or end of semester, please allow one week. For transcripts to be mailed overseas, please allow three weeks. Any special request for handling may incur a processing fee.

Please Complete All Information:

Name_____
First Middle Last (Maiden Name)

Date of Birth_____ Social Security No._____

Home Phone_____ Work Phone_____

Check All Applicable Items:

[ ] Official Transcript (addressed to an institution, employer, or agency) * see below

[ ] Unofficial Transcript (personal copy)

In what year were you last enrolled at SCS?_____

What is your current home address? _____
_____

Name and address of recipient of transcript (institution, employer, or agency): _____
_____
_____

While it is the policy of Schaumburg Christian School to provide free transcripts, we reserve the right to charge for large quantities or for unusually frequent requests. For personal use, one free copy of an unofficial transcript can be provided. Additional copies may be photocopied by you as needed.

_____ _____
Student or Parent Signature Date

Requests for transcripts may be delivered to the school office, mailed, or faxed.

Mailing Address: Schaumburg Christian School
Attn: School Registrar
200 N Roselle Rd
Schaumburg, IL 60194

Fax: (847) 885-3354