PLAINFIELD EAST HIGH SCHOOL
TRANSCRIPT RELEASE
One school/organization request per sheet - $1 for each transcript

Name	ID#	Graduation Year	Date of Birth
Student Signature		Date	

_____ **PEHS SENDS TO COLLEGE** ***OR*** _____**STUDENT PICK-UP**

Check Item(s) to be included:

_____ Transcript _____Counselor Form

_____ Application _____ Counselor Letter of Recommendation

Deadline (if any)_____

School/Organization _____

Address _____

_____

_____

Office Use
Date Received:
_____
Date Sent:
_____

Please allow 3 business days for processing.

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Name	ID#	Graduation Year	Date of Birth
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_____ **PEHS SEND TO COLLEGE** ***OR*** _____**STUDENT PICK-UP**

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