



Transcript Release Request

Name _____

Please send an official copy of my transcript to the institution at the address listed below:
(Name and complete address including zip code, please)

Signature _____

Date _____

Year Graduated from ILHS _____

Please Note: A \$5.00 fee applies to all final transcripts after graduation.

Office use only

Person accepting request _____

Fee received _____

Person preparing transcript _____

Date sent _____
