Bartlett High School



STUDENT'S SIGNATURE DATE

701 Schick Rd. Bartlett, IL 60103 Tel: 630.372.4700 ext. 4633

www.u-46.org

Only requests for the 2023 & 2024 graduation years can be satisfied by the Bartlett High School. Graduates prior to 2023 must request transcripts/records from District Records at 1019 E. Chicago St. Elgin, IL 60120 NOTE: (105 ILCS 10/)Illinois School Student Records Act:

(g) "Parent" means a person who is the natural parent of the student or other person who has the primary responsibility for the care and upbringing of the student. All rights and privileges accorded to a parent under this Act shall become exclusively those of the student upon his/her 18th birthday, graduation from secondary school, marriage or entry into military service, whichever occurs first. Such rights and privileges may also be exercised by the student at any time with respect to the student's permanent school record (source: P.A. 92-295, eff. 1-1-02)

Per state law, students 18 years of age or older are the only ones who can request a transcript.

(Please Print)

STUDENT'S NAME	YEAR GRADUATED/YEAR LAST ATTENDED
BIRTHDATE	STUDENT ID NUMBER
REQUEST THE FOLLOWING RECO	
\$10.00 each (24-Hour Processing [†]) \$3.	(5 Business Days*) Total Collected \$
CERTIFIED OFFICIAL TR	RIPT (Sealed Envelope), SAT scores printed on the transcript
UNOFFICIAL TRANSCRI	scores are NOT printed on the transcript
DREAM ACT DOCUMEN	ords from attended U-46 schools ONLY
IMMUNIZATION RECORI	Y
I WILL PICK UP MY REC	
★ REQUESTS MAY TAKE UP TO FIVE	DAYS TO PROCESS. † 24 HOUR PROCESSING MAY NOT BE AVAILABLE.
I authorize my high school to mail	nscript/immunization/dream act information to:
School/Institution	
Address	
City	State Zip

There is a charge for each copy of transcript/immunization/dream act records. *A copy of your Driver's License or State ID is required with the request.*

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*Requests will not be processed without all required documents/fees. (Cash, cashier's check, money order, personal check, or credit card.)

CREDIT CARD PAYMENT

TYPE: VISA MASTER CARD
CARD NUMBER:
EXP. DATE: / CCV CODE:
NAME ON CARD:
DI EACE CEND DEOLIECT CODY OF ID & DAYMENT TO.

PLEASE SEND REQUEST, COPY OF ID, & PAYMENT TO:

ChristineDonnelly@U-46.org

Bartlett High School 701 Schick Rd. Bartlett, IL 60103

Attn: Christine Donnelly