Sullivan High School
Transcript Request Form

Name:_____
Last First Middle

Current Address:_____
Street City, State, Zip

Telephone Number:_____

Last Name While at Sullivan (if different from above)_____

Address While at Sullivan_____

Attended Sullivan from_____to_____
Month Year Month Year

Circle One: Graduated Did not graduate

Send transcripts to:_____
Name of School or Agency

Whose Address is:_____
Street City, State, Zip

Your Signature:_____

Mail This Form to:
Sullivan High School
6631 N. Bosworth
Chicago, IL 60626
Attn: Transcript Clerk