

FINAL TRANSCRIPT AUTHORIZATION / SURVEY FORM

CLASS OF 2019



STUDENT ID# _____ STUDENT NAME: _____

What are plans after graduation?

___ 4 year college/university ___ 2 year college ___ vocational school
___ Military career (which branch) _____ ___ job

I HEREBY AUTHORIZE NAPERVILLE NORTH HIGH SCHOOL TO SEND MY FINAL HIGH SCHOOL TRANSCRIPT TO:

College/University Name: _____

Address: _____

City, State, Zip: _____

Student Signature

DELIVER THIS FORM DIRECTLY TO MRS. LARAIA, REGISTRAR LOCATED IN THE STUDENT SERVICES-2 DEPARTMENT OR MAIL IT TO:

Mrs. Laraia, Registrar
Naperville North High School
899 North Mill Street
Naperville, IL 60563
Telephone: 630-420-6528

Do you want an unofficial copy of your transcript mailed to your home? ___yes ___no