CURIE HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Name: _____
Last First Middle

Current Address: _____
Street City, State, Zip

Date of Birth: _____

Telephone Number: _____

Last Name while at Curie: _____

Attended Curie from: _____ until: _____
Month/Year Month/Year

Circle One: GRADUATED DID NOT GRADUATE

Send Transcripts to: _____
Name of School/Agency/Business

Address of School/Agency/Business: _____
Street City, State, Zip

Your Signature: _____

MAIL THIS FORM AND A $5.00 MONEY ORDER MADE PAYABLE TO CURIE HIGH SCHOOL TO:

Registrar
Curie High School
4959 South Archer Avenue
Chicago, IL 60632

Official transcripts embossed with the school seal can be mailed only to businesses or educational institutions.

Unofficial transcripts will be mailed to residential addresses.