



Plainfield East High School

Freshman & Sophomore Transcript Request Form

Allow 3 business days processing time from day of PEHS receipt.

***Parent/Guardian Signature Required AND
a Copy of Parent/Guardian Driver's License/Photo ID MUST be Attached.***

STUDENT NAME:	DATE:
STUDENT ID #:	PHONE:

STUDENT INFORMATION:

Current PEHS Student
 Former PEHS Student

TRANSCRIPT FOR:

DMV/License
 Car Insurance
 Scholarship
 Other: _____

Student Signature: _____

Parent/Guardian Signature: _____

Attach Copy of Parent/Guardian Driver's License/Photo ID

Parent/Guardian/Student will pick-up at PEHS.
 Please email/mail to below address.

NAME/ORGANIZATION/SCHOLARSHIP: _____

Email Address: _____

Complete Mailing Address: _____

Send this completed form to one of the following:

Email: Alpha A – K to jschwerd@psd202.org
Alpha L – Z to tcreghin@psd202.org

Mailing Address: PEHS Registrar
12001 S. Naperville Road
Plainfield, IL 60585

Fax #: (815) 577-2431

FOR OFFICE USE ONLY:

Date Sent: _____

Sent By Initials: _____