

**Harry D. Jacobs High School**

2601 Bunker Hill Drive  
Algonquin, IL 60102  
847-532-6100  
Jhs.d300.org



**REQUEST FOR TRANSCRIPT/IMMUNIZATION RECORD**

Number of copies \_\_\_\_\_ \$10.00 each - **TRANSCRIPT**  
Number of copies \_\_\_\_\_ \$10.00 each - **IMMUNIZATION RECORD**

**PRINT ALL INFORMATION:**

NAME \_\_\_\_\_  
Last First MI Maiden

GRADUATION YEAR \_\_\_\_\_ or DATE LAST ATTENDED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_ I plan to have Transcript/Immunization Record mailed to location listed below  
\_\_\_\_\_ I plan to pick up Transcript/Immunization Record

**I give my permission to release my high school transcript/immunization record to:**

University/College or Employer: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Signature of Alumni (not parent): \_\_\_\_\_ Date: \_\_\_\_\_

Mail request with payment to:  
H.D. Jacobs High School  
Attention: Counseling Office/Transcript Request  
2601 Bunker Hill Drive  
Algonquin, IL 60102

Submit request to email: [jhs-transcript@d300.org](mailto:jhs-transcript@d300.org)

**Fees must be paid by cash, check, or money order before records can be released.**

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**OFFICE USE ONLY**

Received \_\_\_\_\_ Paid \_\_\_\_\_ Date Released \_\_\_\_\_ Recorded \_\_\_\_\_