



APPLICATION FOR STUDENT RECORDS SERVICES

General Information (773) 553-2340

- Print or type your answers to the questions on this form.
- Complete all fields to the best of your ability.
- First item of service is free. Each additional item requires a NON-REFUNDABLE MONEY ORDER for \$4.00 (no cash or personal checks), payable to the Chicago Public Schools, along with a self addressed envelope to one of the addresses listed below depending on the year requested:

IF YOU WERE IN SCHOOL FROM 1989 TO THE PRESENT PLEASE FAX TO: (773) 553-2341

OR MAIL TO: CHICAGO PUBLIC SCHOOLS

OFFICE OF COMPLIANCE

125 S. CLARK STREET, 11TH FLOOR

CHICAGO, IL 60603

***Turn around time is 2-3 business days from time we receive your request /Allow extra time to receive via US mail**

IF YOU WERE IN SCHOOL BEFORE 1989 PLEASE FAX TO: (773) 535-5894

OR MAIL TO: CHICAGO PUBLIC SCHOOLS

STUDENT RECORDS SERVICES

3532 W. 47TH PLACE, 1ST FLOOR

CHICAGO, IL 60632

***Turn around time is 5-7 business days from time we receive your request / Allow extra time to receive via US mail**

~~No Walk-In Service Available at Either Location~~

1. What is your present name and address?

Name: _____

Address: _____

(Number)

(Street)

(City)

(State)

(Zip Code)

(Telephone)

2. Is this request for information for yourself? Yes No

If no, provide the name of the person (applicant) for whom the information is being sought and designate your relationship with the person.

Name: _____

Relationship: _____

3. What is the purpose of this request? (1st request is FREE, each additional is a \$4.00 Money Order)

Verification of Birth (for I.D.)

Verification of Graduation

Day Summer Evening

Request for Elementary Records

Request for High School Transcripts

Day Summer Evening

Immunization Records (Only if 27 or younger at time of application)

4. Background Information:

A. What name did the applicant use while attending school? (List all possible names below)

B. (Check One) ___ Male ___ Female

C. Where was the applicant born? _____
(City) (State) (County)

D. What is the date of birth? _____
(MM/DD/YYYY)

E. What are the names of the applicant's parents or custodian? _____

F. What is the mother's maiden name? _____

Complete the following information pertinent to the Chicago Public Schools attended by the applicant.

Name(s) of Elementary School(s)	Year Left/ Graduated
_____	_____
_____	_____
_____	_____

Names(s) of High School(s)	Year left / Graduated / Evening School
_____	_____
_____	_____
_____	_____

Conditions:

- A. Records information will not be released to anyone other than the former student who request records information unless (a) the former student signs a release authorizing the transmittal of information (see below) or (b) a subpoena or court order is received in due form.
- B. A college or university does not usually recognize transcripts unless they are mailed directly to the college or university by the local education agency (this office). Should you desire that a transcript be sent directly to you, our office will comply with your request, but the college or university for whom it is intended may not accept it.

5. Release Form:

I authorize the records custodian of the Chicago Public Schools to provide the information requested above and mail or fax it to:

(Name)

(Address)

(City) (State) (Zip Code)

Or Fax To: _____
(Or Please Fax to the Number Listed Above)

(Signature of Applicant)

(Date)