

(* = Required Field)

THIS APPLICATION FOR PERMANENT STUDENT RECORDS IS ONLY FOR THE USE OF AND MUST BE SUBMITTED BY THE FORMER STUDENT AND MAY NOT BE USED BY THIRD PARTY REQUESTORS.

Please note: If you have ever used this website and completed an online application, your request will **NOT BE COMPLETED**. We check each request that is submitted to verify this is your first request. If you attempt to submit another application it will **NOT BE COMPLETED** and you might be in jeopardy of missing your own deadlines.

Instead, if you know you have completed ONE online application in the past, then follow the instructions below.

- Print out the Application for Permanent Student Records
- Make sure you complete all fields on the application.
- Mail your application along with a \$4.00 money order (per request) to the address listed on the application.

Have you completed this online application before? *

Yes No

(* = Required Field)

THIS APPLICATION FOR PERMANENT STUDENT RECORDS IS ONLY FOR THE USE OF AND MUST BE SUBMITTED BY THE FORMER STUDENT AND MAY NOT BE USED BY THIRD PARTY REQUESTORS.

Have you completed this online application before? *

Yes No

1. What is your present name and mailing address? *

* Name (First, Middle, Last):

* Address: Apt./Condo Number:

* City: * State: * Zip:

* Phone: - - (Format: 999-999-9999)

2. What is the purpose of this request? *

- Verification of birth (for I.D.)
- Verification of high school graduation
- Request for elementary transcript or registration card
- Request for high school transcript -
- Immunization records (1989 – present)

3. Background Information:

What full name(s) did the applicant use while attending school?

* Name 1 (First, Middle, Last):

Name 2 (First, Middle, Last):

Name 3 (First, Middle, Last):

* Gender: Male Female

Where was the applicant born?

* City: State: * Country:

* Applicant Birth Date: (Format: 12/31/1999)

What are the name(s) of the applicant's parents or guardian?

* Name 1 (First, Middle, Last):

Name 2 (First, Middle, Last):

Applicant's mother's maiden name:

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

Name of (last) elementary school: Year left or graduated:

Name of (last) high school: Year left or graduated: Day Summer Evening

4. Conditions:

- A. Records information will not be released to anyone other than the former student who requests their records information unless the former student signs a release authorizing the transmittal of information to a third party (see below)
- 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. Authorization for Release:

- Please send to my attention at mailing address indicated above.
- Please send my records to a third party. I authorize the records custodian of the Chicago Public Schools to release and mail my permanent student record information requested above to the following:

Company Name:

* Name or Attention to:

* Address: Apt./Condo Number:

* City:

* State:



* Zip:

* Phone:

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(Format: 999-999-9999)