



APPLICATION FOR PERMANENT STUDENT RECORDS

Website: www.cps.edu/studentrecords

General Information: 773-535-4110 (Press Option #3 - Live Person)

- Print or type your answers to the questions on this form.
Complete all fields to the best of your ability.
Each item requires a NON-REFUNDABLE MONEY ORDER for \$3.00 (no cash or personal checks), payable to the Chicago Public Schools or via e-pay.

IF YOU WERE IN SCHOOL FROM 1989 TO THE PRESENT

MAIL TO: CHICAGO PUBLIC SCHOOLS
DEPARTMENT OF POLICY AND PROCEDURES
FORMER STUDENT RECORDS 1989 TO PRESENT
3532 W. 47th Place
CHICAGO, IL 60632

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

IF YOU WERE IN SCHOOL 1988 AND PRIOR

MAIL TO: CHICAGO PUBLIC SCHOOLS
DEPARTMENT OF POLICY AND PROCEDURES
FORMER STUDENT RECORDS 1988 & PRIOR
3532 W. 47TH PLACE, 1ST FLOOR
CHICAGO, IL 60632

\*Turnaround 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 and no Expedited Service is Available

1. What is your present name and address? (Print neatly and complete all the fields)

Name: (First) (Middle) (Last)

Address: (Number) (Street) (Apt./ Condo Number)

(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? (\$3.00 Money Order or via e-pay)

- Verification of Birth (for I.D.)
Verification of Graduation
Request for Elementary Transcript or Registration Card
Request for High School Transcripts
Immunization Records
DACA - Deferred Action for Childhood Arrival

4. Background Information:

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

(First) (Middle) (Last)

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 guardians? \_\_\_\_\_

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 / Summer or Evening School (Indicate Day/Year)
_____	_____
_____	_____
_____	_____

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:

I authorize the records custodian of the Chicago Public Schools to release and mail my permanent student record information as requested above to the following:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. / Condo Number)

\_\_\_\_\_ (City) (State) (Zip Code)

\_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_ (Date)