

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)