

APPLICATION FOR PERMANENTSTUDENT RECORDS

Website: www.cps.edu/studentrecords
General Information: 773-535-4110

- Print or type your answers to the questions on this form.
- Complete all fields to the best of your ability.
- Is this your First Request? ____ Yes ____No. 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 <u>1989 TO THE PRESENT</u> PLEASE FAX TO: 773-535-4112 OR MAIL TO: CHICAGO PUBLIC SCHOOLS OFFICE OF COMPLIANCE

FORMER STUDENT RECORDS 1989 TO PRESENT

3532 W. 47th Place CHICAGO, IL 60632

*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 <u>1988 AND PRIOR</u> PLEASE FAX TO: 773-535-5894 OR MAIL TO: CHICAGO PUBLIC SCHOOLS FORMER STUDENT RECORDS 1988 & PRIOR 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 and no Expedited Service is Available ~~

•	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 you 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 (fo	or I.D.)		Verification of Graduation aySummer Evening			
	Request for Elementary Transcript or Registration Card						
	Immunization Records			or High School Transcripts Summer Evening			
	*(\$4.00 Fee for DACA Request)	on for Childhood Arrival					
4.	Background Information:						
	A. What name did the app	licant use while attending school	1? (List all possi)	ble names below)			
	(First)	(Middle)		(Last)			

B. (Check One) M	ale Female					
C. Where was the applica	nt born?	(State)	(County)			
D. What is the date of bir	rth?					
	. What is the date of birth?					
E. What are the names of	the applicant's parents or g	guardians?				
F. What is the mother's m	aiden name?					
Complete the following	information pertinent to the	e Chicago Public Schools	attended by the applicant.			
Name(s) of Elementary Sc	hool(s)	Year Left/ Grad	duated			
Names(s) of High School(s)	Year left / Grac (Indicate Day/	luated / Summer or Evening Sc Year)			
information unless the	will not be released to any	one other than the forme	er student who requests their_resmittal of information to a third			
university by the loca	y does not usually recognize transcripts unless they are mailed directly to the colle l education agency (this office). Should you desire that a transcript be sent direct amply with your request, but the college or university for whom it is intended ma					
Authorization for Release: I authorize the records custodian of the Chicago Public Schools to release and mail my permanent student recoinformation as requested above to the following:						
(First)	(Middle)		(Last)			
SS:(Number)	(Street)		(Ant / Condo Number)			
(Number)	(Street)		(Apt. / Condo Number)			
(City)	(State)		(Zip Code)			