



APPLICATION FOR PERMANENT STUDENT RECORDS

Website: www.cps.edu/studentrecords

General Information: 773-535-4110 or 773-535-4179

- 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 1989 TO THE PRESENT PLEASE FAX TO: 773-535-4112
OR MAIL TO: CHICAGO PUBLIC SCHOOLS
OFFICE OF COMPLIANCE
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 1988 AND PRIOR 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 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? **(1st request is FREE, each additional is a \$4.00 Money Order)**

- | | |
|---|--|
| <input type="checkbox"/> Verification of Birth (for I.D.) | <input type="checkbox"/> Verification of Graduation |
| <input type="checkbox"/> Request for Elementary Transcript or Registration Card | <input type="checkbox"/> Day ___ Summer ___ Evening |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Request for High School Transcripts |
| <input type="checkbox"/> DACA – Deferred Action for Childhood Arrival | <input type="checkbox"/> Day ___ Summer ___ Evening |

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)