

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 custodian? _____

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 or graduated
_____	_____
_____	_____
_____	_____

Names(s) of High School(s)	Year left or graduated
_____	_____
_____	_____
_____	_____

Conditions:

A. Records information will not be released to anyone other than the former student who request records information unless (a) the former student signs a release authorizing the transmittal of information (see below) or (b) a subpoena or court order is received in due form.

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. Release Form:

I authorize the records custodian of the Chicago Public Schools to provide the information requested above and mail it to:

(Name)

(Address)

_____ (City) (State) (Zip Code)

(Signature of Applicant)

(Date)