APPLICATION FOR PERMANENT STUDENT 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 1989 TO THE PRESENT 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 1988 AND PRIOR 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~~

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)
   ___ Verification of Birth (for I.D.)                      ___ Verification of Graduation
   ___ Request for Elementary Transcript or Registration Card
   ___ Immunization Records
   ___ DACA – Deferred Action for Childhood Arrival
      *(+$4.00 Fee for DACA Request)
   ___ Request for High School Transcripts
      ___ 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.

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<tr>
<th>Name(s) of Elementary School(s)</th>
<th>Year Left/ Graduated</th>
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<tr>
<th>Names(s) of High School(s)</th>
<th>Year left / Graduated / Summer or Evening School (Indicate Day/Year)</th>
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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)