



APPLICATION FOR PERMANENT STUDENT RECORDS
Website: www.cps.edu/studentrecords
General Information: 773-535-4110 (Press Option #3 - Live Person)

- Complete all fields to the best of your ability.
Each item requires a NON-REFUNDABLE MONEY ORDER for \$3.00 (no cash or personal checks), payable to the Chicago Public Schools.

REGULAR MAIL:
CPS STUDENT RECORDS
P.O. Box 735508
Chicago, IL 60673-5508

OVERNIGHT DELIVERY:
JPMorgan Chase
Attn: STUDENT RECORDS/Box #735508
131 S Dearborn, 6th Floor
Chicago, IL 60603

\*Turnaround 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 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 applicant (student) for whom the information is being sought and designate your relationship with the applicant.

Name:

Relationship:

3. What is the purpose of this request? (\$3.00 Money Order per request)

- Verification of Birth (for I.D.)
Verification of Graduation
Request for Elementary Transcript or Registration Card
Request for High School Transcripts
Immunization Records
DACA - Deferred Action for Childhood Arrival

4. Background Information:

A. What name did the applicant (student) use while attending school?

(First) (Middle) (Last)

B. (Check One) \_\_\_ Male \_\_\_ Female

C. Where was the applicant (student) born? \_\_\_\_\_  
(City) (State) (County)

D. What is the date of birth? \_\_\_\_\_  
(MM/DD/YYYY)

E. What are the names of the applicant's (student's) parents or guardians? \_\_\_\_\_

F. What is the mother's maiden name? \_\_\_\_\_

G. Name of last school attended? \_\_\_\_\_

Complete the following information pertinent to the Chicago Public Schools attended by the applicant (student).

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 (Student)) (Date)