## School District U-46



Education Service Center 355 E. Chicago St., Elgin, IL 60120-6543 Tel: 847.888.5000 x5007

Fax: 847.608.4173

## Tony Sanders, Superintendent

www.u-46.org

Only requests for the 2020 & 2021 graduation years can be satisfied by the school. *Graduates prior to 2020 must request transcripts/records from District Records at 1019 E. Chicago St. Elgin, IL 60120* 

## NOTE: (105 ILCS 10/)Illinois School Student Records Act:

(g) "Parent" means a person who is the natural parent of the student or other person who has the primary responsibility for the care and upbringing of the student. All rights and privileges accorded to a parent under this Act shall become exclusively those of the student upon his 18th birthday, graduation from secondary school, marriage or entry into military service, whichever occurs first. Such rights and privileges may also be exercised by the student at any time with respect to the student's permanent school record (source: P.A. 92-295, eff. 1-1-02)

| Student's Name                               | Today                        | 's Date                                 |
|--|------------------------------|---|
| Date's Attended/Year Graduated               |                              | Birthdate                               |
| REQUEST THE FOLLOWING RECORD                 | S: # of copies               |   |
| \$3.00 each (5 Business Days) \$10.00 each ( | 24-Hour Processing) To       | otal Collected \$                       |
| CERTIFIED OFFICIAL TRANS                     | SCRIPT (sealed envelop       | pe) SAT scores printed on the transcrip |
| UNOFFICIAL TRANSCRIPT, S                     | SAT scores are <u>NOT</u> pr | rinted on the transcript                |
| DREAM ACT DOCUMENTS, F                       | Records from attended        | U-46 schools ONLY                       |
| IMMUNIZATION RECORDS (                       | ONLY                         |   |
| I WILL PICK UP MY RECORD                     | $\mathbf{S}$                 |   |
| I authorize my high school to mail my tran   | script/immunization/dr       | ream act information to:                |
| Name/Institution/Agency                      |                              |   |
| Address_                                     |                              |   |
| City   |                              |   |
| Attention to:                                |                              |   |
| STUDENT'S SIGNATURE                          | _                            | DATE.                                   |

There is a charge for <u>each</u> copy of transcript/immunization/dream act records. <u>A copy of your Driver's License or State ID is required with the request.</u> \*Requests will not be processed without all required documents/fees. Faxed or emailed copies are not accepted. (Only cash, cashier's check, money orders, personal check, NO CREDIT CARDS)

PLEASE MAIL REQUEST, ID & PAYMENT TO: Bartlett High School 701 Schick Rd., Bartlett, IL 60103