

School District U-46

Educational Services Center 355 E. Chicago Street, Elgin, IL 60120-6543 Tel: 847.888.5000 x5007

el: 847.888.5000 x5007 Fax: 847.608.4173

U-46.org

Tony Sanders, Chief Executive Officer

Only requests for the 2019 & 2020 graduation years can be satisfied by the school. Graduates prior to 2019 must request transcripts/records from District Records at 355 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 RECO	PRDS: # of copies		
\$3.00 each (5 Business Days) \$10.00 each	ch (24-Hour Processing) To	tal Collected \$	
CERTIFIED OFFICIAL TRA	ANSCRIPT (sealed envelop	e) SAT scores printed on the	transcript
UNOFFICIAL TRANSCRIP	T, SAT scores are <u>NOT</u> pr	nted on the transcript	
DREAM ACT DOCUMENTS	S, Records from attended	J-46 schools ONLY	
IMMUNIZATION RECORI	OS ONLY		
I WILL PICK UP MY RECO	ORDS		
I authorize my high school to mail my t	ranscript/immunization/dr	eam act information to:	
Name/Institution/Agency			_
Address			_
City	State	Zip	_
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: add school address