



REQUEST FOR TRANSCRIPT / MEDICAL RECORDS

DISTRICT RECORDS
SCHOOL DISTRICT U-46

PLEASE PRINT NAME WHILE ATTENDING U-46 SCHOOLS (MAIDEN NAME)

BIRTHDATE

U-46 SCHOOL ATTENDED

YEAR GRADUATED/LAST ATTENDED

YOUR PHONE NUMBER

I AM REQUESTING THE FOLLOWING RECORDS:

- ALL MY RECORDS (elementary, middle, and high school records, test scores, and medical)
DREAM ACT/DACA DOCUMENTS (1 official & 1 copy of ALL MY RECORDS)
CERTIFIED OFFICIAL TRANSCRIPT (sealed envelope)
UNOFFICIAL TRANSCRIPT
ACT SCORES (Not printed on transcript)
MEDICAL RECORDS ONLY
I WILL PICKUP MY RECORDS

Please mail my records to: Name/Institution/Agency
Address
City State Zip
Attention to:

STUDENT'S SIGNATURE

DATE

There is a \$3.00 charge for transcripts/medical records, plus \$1.00 for additional copies.
The district requires a copy of your Driver's License or State ID with a request.
It takes 5 working days to process all requests from the date request, ID, and payment are received.
Express 24 hours service is available for an additional fee of \$7.00.
(NO PERSONAL CHECKS, Only cash, cashier's check, money orders, and credit card payments are accepted)

PLEASE SEND REQUEST & PAYMENT TO:

School District U-46
ATTN: DISTRICT RECORDS
355 East Chicago Street
Elgin, Illinois 60120
Fax: 847-608-2759 OR DistrictRecords@U-46.org

CREDIT CARD PAYMENT

TYPE: VISA MASTER CARD
CARD NUMBER:
EXP. DATE: / CCV CODE:
NAME ON CARD:

OFFICE USE ONLY

Microfilm Application Extender ID
(Roll #) (Record #)

(Date records were processed) (Name of a person completing the request)