



Only requests for the 2022 & 2023 graduation years can be satisfied by the school. Graduates prior to 2022 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/her 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)

Per state law, students 18 years of age or older are the only ones who can request a transcript.

(Please Print)

STUDENT'S NAME

YEAR GRADUATED/YEAR LAST ATTENDED

BIRTHDATE STUDENT

ID NUMBER

REQUEST THE FOLLOWING RECORDS: _____ # of copies \$3.00 each (5 Business Days*)

\$10.00 each (24-Hour Processing†)

Total Collected \$ _____

_____ CERTIFIED OFFICIAL TRANSCRIPT (Sealed Envelope), SAT scores printed on the transcript

_____ UNOFFICIAL TRANSCRIPT, SAT scores are NOT printed on the transcript

_____ DREAM ACT DOCUMENTS, Records from attended U-46 schools ONLY

_____ IMMUNIZATION RECORDS ONLY

_____ I WILL PICKUP MY RECORDS

* REQUESTS MAY TAKE UP TO FIVE BUSINESS DAYS TO PROCESS.

† 24 HOUR PROCESSING MAY NOT BE AVAILABLE.

I authorize my high school to mail my transcript/immunization/dream act information to:

School/Institution _____

Address _____

City _____ State _____ Zip _____

Attention: _____

STUDENT'S SIGNATURE

DATE

There is a charge for each copy of transcript/immunization/dream act records.
A copy of your Driver's License or State ID is required with the request.



***Requests will not be processed without all required documents/fees. (Cash, cashier's check, money order, personal check, or credit card.)**

CREDIT CARD PAYMENT

TYPE: VISA MASTER CARD

CARD NUMBER: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

EXP. DATE: __/__/__ CCV CODE: _ _ _

NAME ON CARD: _____

PLEASE SEND REQUEST, COPY OF ID, & PAYMENT TO: