



REQUEST FOR TRANSCRIPT / MEDICAL RECORDS

DISTRICT RECORDS
SCHOOL DISTRICT U-46

(PLEASE PRINT)

NAME OF STUDENT WHILE ATTENDING U-46 SCHOOLS (MAIDEN NAME)

BIRTHDATE

LAST U-46 SCHOOL ATTENDED

DATES ATTENDED/GRADUATED

YOUR PHONE NUMBER

I AM REQUESTING THE FOLLOWING RECORDS:

of copies

ALL MY RECORDS (elementary, middle, and high school records, test scores, and medical)

CERTIFIED OFFICIAL TRANSCRIPT (sealed envelope)

COPY OF MY TRANSCRIPT (not official)

ACT SCORES

MEDICAL RECORDS ONLY

I WILL PICKUP MY RECORDS

Please mail my transcript/medical 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 is received.

Express 24 hours service is available for an additional fee of \$7.00.

(Only cash, cashier's check, money orders, and credit card payments are accepted, NO PERSONAL CHECKS)

PLEASE MAIL REQUEST & PAYMENT TO:

CREDIT CARD PAYMENT

SCHOOL DISTRICT U-46
DISTRICT RECORDS OFFICE
355 EAST CHICAGO STREET
ELGIN, ILLINOIS 60120

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

Ph: 847-888-5000 x5693 Fax: 847-608-2759

OFFICE USE ONLY

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

(Date records were processed)

(Name of a person completing the request)