



REQUEST FOR TRANSCRIPT / MEDICAL RECORDS

DISTRICT RECORDS
SCHOOL DISTRICT U-46

PLEASE PRINT

MAIDEN NAME (LAST NAME) (WHILE ATTENDING U-46 SCHOOLS)

FIRST NAME

YES NO

BIRTHDATE

U-46 SCHOOL ATTENDED

GRADUATED H.S.?

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/SAT SCORES (Not printed on transcript)

_____ MEDICAL RECORDS ONLY

_____ I WILL PICKUP MY RECORDS _____ E-MAIL or FAX MY RECORDS TO: _____
(email address or fax number)

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 (front side only) 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 (to process requests; not including mailing time) is available for an additional fee of \$7.00, for a total of \$10.00.

(NO PERSONAL CHECKS! Only cash, cashier's check, money orders, credit card accepted (no American Express))

PLEASE SEND REQUEST & PAYMENT TO:

CREDIT CARD PAYMENT

School District U-46 Attn: DISTRICT RECORDS

355 East Chicago Street

Elgin, Illinois 60120

Fax: 847-608-2759 or DistrictRecords@U-46.org

CARD NUMBER: _____

EXP. DATE: ___/___ CCV CODE: ___

NAME ON CARD: _____

Amount: _____ REGULAR/EXPRESS (circle one)

OFFICE USE ONLY

Microfilm _____
(Roll #) (Record #)

Requordit _____ IC/Folder _____ ID _____

(Date records were processed)

(Name of a person completing the request)