



REQUEST FOR TRANSCRIPT / IMMUNIZATION RECORD / DREAM ACT
STREAMWOOD HIGH SCHOOL
SCHOOL DISTRICT U-46

(PLEASE PRINT NAME)

NAME OF STUDENT (MAIDEN NAME)

I.D. NUMBER

TODAY'S DATE

BIRTHDATE

DATES ATTENDED/GRADUATED

YOUR PHONE NUMBER

I AM REQUESTING THE FOLLOWING RECORDS:

Only requests for 2016 graduation year – present can be satisfied by SHS

Graduates prior to 2016 must request transcripts/records from District Records at 355 E. Chicago St. Elgin, IL 60120

of copies

_____ CERTIFIED OFFICIAL TRANSCRIPT (sealed envelope)

_____ OFFICIAL TRANSCRIPT (sealed envelope) for DMV

_____ COPY OF MY TRANSCRIPT (not official)

_____ DREAM ACT DOCUMENTS (**ONLY** for 2016 graduation year - present)

_____ IMMUNIZATION RECORDS ONLY

_____ I WILL PICKUP MY RECORDS

Please mail my transcript/medical records/dream act information to:

Name/Institution/Agency _____

Address _____

City _____ State _____ Zip _____

Attention to: _____

STUDENT'S SIGNATURE

DATE

There is a **\$3.00** charge for each copy of transcript/immunization/dream act records. **The district & SHS require a copy of your Driver's License or State ID with your request.**

It takes 5 school days to process all requests from the date the request is **received**.

Express 24 hour processing is available for an **additional** fee of \$7.00

(Only cash, cashier's check, money order, personal check are accepted. NO CREDIT CARDS)

PLEASE MAIL REQUEST & PAYMENT TO:

STREAMWOOD HIGH SCHOOL

ATTN: MS. PORTILLO

701 W. SCHAUMBURG ROAD

STREAMWOOD, IL 60107

OFFICE USE ONLY

 / _____
 (Date records were received / processed) (Payment)