



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT #187**

Office of District Registrar

1717 Seventeenth Street North Chicago, Illinois 60064

Phone: 847-578-7400 Ext. 7249 Fax: 224-419-6485

**TRANSCRIPT RELEASE FORM FOR ALUMNI**

In order to forward a transcript to schools, colleges, universities, or perspective employers, NCCUSD #187 must obtain written permission prior to complying with the request. Please note that transcripts are only official when delivered in the district-sealed envelope. If you request to have the transcripts sent to your home, please **DO NOT** open them; instead, allow the entity asking for the transcripts to open the envelope. If you are mailing this form, please use the address listed on the letterhead. **\*ALLOW 3-5 DAYS FOR PROCESSING.**

Name (print): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Year: \_\_\_\_\_

OR Year of Withdrawal: \_\_\_\_\_

Did you attend:  Daisy's  Another Alternative Program  Only NCCHS

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Send Transcript To: **Complete All Fields** OR  I WILL PICK UP TRANSCRIPT

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**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date Mailed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Registrar's Signature:** \_\_\_\_\_

Please explain any special circumstances which may require additional methods of locating your transcript (for example, if you did not walk the stage, finished during summer school, etc.)  
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