



NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT #187
1717 17TH STREET NORTH CHICAGO, IL 60064
PHONE: 847-578-7400 FAX: 224-419-6485

TRANSCRIPT RELEASE FORM

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 TRANSCRIPT ARE ONLY OFFICIAL WHEN DELIVERED IN THE DISTRICT-SEALED ENVELOPE. IF YOU REQUEST TO HAVE THE TRANSCRIPT 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. ****PROCESSING TIME IS 3-5 DAYS****

Name: _____ Maiden Name: _____

Date of Birth: ____/____/____ Graduation Year _____

OR Year of Withdrawal: _____

School you Attended: Daisy's Another Alternative Program Only NCCHS

Daytime Telephone Number: (_____) _____ - _____

Mail To: **ALL FIELDS TO BE COMPLETED** or _____ I WILL PICK UP TRANSCRIPT

1. Name of Person/Entity: _____

Address: _____

City, State, Zip: _____

2. Name of Person/Entity: _____

Address: _____

City, State, Zip: _____

3. Name of Person/Entity: _____

Address: _____

City, State, Zip: _____

Reason for Transcript: _____ _____ No. of Copies: _____

****IF YOU ARE PICKING UP YOUR TRANSCRIPT PLEASE SIGN UPON PICK UP****

Signature: _____ Date: ____/____/____

*****OFFICE USE ONLY*****

Registrar: _____

Date Prepared: ____/____/____