



**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: 847-689-7478

**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 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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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Counselor's Signature:** \_\_\_\_\_

**Date Mailed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Registrar's Signature:** \_\_\_\_\_

Fee Waiver Provided

FOR CURRENT STUDENTS ONLY  
COUNSELOR INFORMATION  
(A-GA) GERMAN                      (GE-O) BUCHBERGER                      (P-Z) SALINAS