



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

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

Name Of Person/Entity: _____ Reason: _____

Address: _____

City, State, ZIP: _____

Signature: _____ Number of Copies: _____

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-F) SCOTT

(G-N) BUCHBERGER

(O-Z) KREITER