



NORTH CHICAGO COMMUNITY UNIT
SCHOOL DISTRICT #187

TRANSCRIPT RELEASE

IN ORDER TO FORWARD A TRANSCRIPT TO SCHOOLS, COLLEGES, UNIVERSITIES, OR PERSPECTIVE EMPLOYERS, NCCUSD #187 MUST OBTAIN WRITTEN PERMISSION PRIOR TO COMPYING WITH THE REQUEST. PLEASE NOTE THAT TRANSCRIPT ARE ONLY OFFICIAL WHEN DELIVERED IN THE DISTRICT-SEALED EN-

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: (_____) _____ - _____

Send 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: _____

CURRENT STUDENTS ONLY:
Dates you have taken the ACT
____/____/____
____/____/____
____/____/____

3. Name of Person Entity: _____

Signature: _____ No. of Copies: _____

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

Counselor's Signature: _____

Date: ____/____/____

Registrar: _____

Date Mailed: ____/____/____

_____ FEE WAIVER PROVIDED