



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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_

3. Name of Person Entity: \_\_\_\_\_

<b>CURRENT STUDENTS ONLY:</b> Dates you have taken the ACT ____/____/____ ____/____/____ ____/____/____
---

***\*IF YOU ARE PICKING UP YOUR TRANSCRIPT PLEASE SIGN WHEN RECEIVED\**** No. of Copies: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Registrar: \_\_\_\_\_ Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ FEE WAIVER PROVIDED