



Femi Skanes
Principal

Holly Dacres
Assistant Principal

Request for Student Records

Student's Name:

_____ *Last* *First* *Middle*

CPS ID#:

Date of Birth:

Current Grade:

Name of person requesting records:

_____ *Last* *First*

Relationship to Student:

Are you a legal guardian?

____yes

____no

Records needed (please check one):

- Birth Certificate
- Social Security Card
- Verification of Enrollment
- Other (please specify): _____
- Official Transcript
- Unofficial Transcript
- Medical (please specify): _____

Reason for Request:

Please send records to:

_____ *Name of school or business* *Address* *Fax #*

I certify that the information on this request form is accurate to the best of my knowledge. I understand that I must provide proper identification and proof of guardianship before any records will be released.

Signed:

Date:

Return this completed form to a school counselor and allow 48 hours for processing. Please note that records will NOT be available on the same day as the request. Thank you!