

DUNDEE-CROWN HIGH SCHOOL
1500 Kings Rd, Carpentersville IL 60110
TRANSCRIPT/IMMUNIZATION RECORD RELEASE

Paper copies of student records cannot be released without this completed form being submitted and required fee paid. Every attempt will be made to process this request in a timely manner. Allow ample time for processing, mailing, etc. Transcript processing time is 10 days minimum.

Fees:

Class of 2007 & Forward – no charge
For specialized scholarships, etc., requiring paper copies **only if Parchment is not an option**

Former students prior to Class of 2007
\$10.00 per transcript
\$1.00 per immunization record
Parchment is not available, paper copies will be processed

Required payment must be made at the time of request. Current phone number must be included on this form and on personal checks submitted for payment.

PRINT ALL INFORMATION

NAME _____

 last first middle maiden

SCHOOL ID# _____ (Current students only)

GRADUATION YEAR _____ DATE OF BIRTH _____

I am requesting:

A transcript _____ Immunization records _____

Record to be released to: (list names of colleges, scholarships, etc.)

ACT/SAT will not be reflected on transcripts

Please check the appropriate item:

I would like this record:

Mailed _____ or Will pick up on _____

Only unofficial paper transcripts may be generated for students who owe District 300 in excess of \$10.00.

I hereby authorize Dundee-Crown High School to release my official transcript or immunization record to the agency, institution or person indicated.

Signature: _____ Phone : _____ Date: _____