

ARCHDIOCESE OF CHICAGO

Joseph Cardinal Bernardin
Archives & Records Center
711 West Monroe
Chicago, Illinois 60661
(312) 534-4400
Fax (312) 831-0610



School Records Ext. 4410
Sacramental Records Ext. 4410
Archival Services Ext. 4420
Secretary Ext. 4450
Researchers Ext. 4420

STUDENT RECORDS RELEASE REQUEST

Request Date:

NAME OF SCHOOL ATTENDED:

NAME:

NAME WHILE ATTENDING SCHOOL:

DATE OF BIRTH:

YEAR OF: GRADUATION, WITHDRAWAL, TRANSFER

SOCIAL SECURITY NUMBER (last 4 digits):

RECORDS REQUESTED (please circle): TRANSCRIPT (\$10.00), MEDICAL(not available for all schools - \$10.00), DIRECTORY INFORMATION (\$20.00), VERIFICATION LETTER (\$5.00), OTHER (please specify)

REQUESTOR:

ADDRESS:

CITY, STATE, ZIP:

DAYTIME TELEPHONE NUMBER:

SEND TO:

ADDRESS:

CITY, STATE, ZIP:

ATTENTION:

SIGNATURE: _____

(STUDENT AND/OR GUARDIAN SIGNATURE)

For Office Use Only

ID Type:

Fee Paid: CA CK MO

Researcher:

Date Mailed:

The non-refundable processing fee of \$10.00 *per transcript*, \$5.00 *per verification letter*, or \$20.00 for directory information, and a copy of a state-issued photo ID must accompany this form. Cash, cashier's checks, or money orders made payable to **Archdiocese of Chicago** are acceptable forms of payment. No personal checks will be accepted.

