

**PROCESSING WILL TAKE 5-10 BUSINESS DAYS**

**HARLEM CONSOLIDATED SCHOOL DISTRICT #122**

8605 N. Second Street \* Machesney Park, IL 61115

Phone (815) 654-4500 \* Fax (815) 654-4535

**REQUEST FOR PERMANENT RECORDS**

*(Please fill out a separate form for each request)*

*Please print or type and fill out completely.*

**STUDENT IDENTIFICATION**

Name:

\_\_\_\_\_  
Last First M.I. Maiden Name

Current Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth Grad Year Phone # **XXX-XX-**  
with area code \***last 4** of social security #  
\*Will not be processed if not provided

Items Needed:

Unofficial Transcript\* Official Transcript\* ACT Immunization

\* note that unofficial and official transcripts are the same document. The only difference is that official transcripts are stamped "must remain sealed" on their envelope. Colleges require transcripts to be received by them in the original sealed envelope from the school.

Please select method:

send to address above or send to address below

or

Will pick up on \_\_\_\_\_ (allow **min. 5 business days** for processing)

or

Fax or email to \_\_\_\_\_

*(Note that official transcript cannot be faxed or emailed)*

**Alternate address**

**If mailing, a complete address is required to process!**

College/Tech/Company: \_\_\_\_\_ Attention: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**SIGNATURE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: IF STUDENT IS 18 YEARS OF AGE OR OVER, STUDENT SIGNATURE IS REQUIRED**

Office use only  
Processed by/date