

ARCHDIOCESE OF CHICAGO'S
Joseph Cardinal Bernardin
Archives & Records Center

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School Records Ext. 724
Sacramental Records Ext. 722
Archival Services Ext. 272
Secretary Ext. 337
Researchers Ext. 728

Request Date: _____

STUDENT RECORDS RELEASE REQUEST

NAME OF SCHOOL ATTENDED: _____

NAME: _____

NAME WHILE ATTENDING SCHOOL: _____

(ELEMENTARY, HIGH SCHOOL OR COLLEGE)

DATE OF BIRTH: _____

YEAR OF: GRADUATION, WITHDRAWAL OR TRANSFER

SOCIAL SECURITY NUMBER: _____

RECORDS REQUESTED: TRANSCRIPT MEDICAL DIRECTORY INFO. OTHER (SPECIFY)

REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

SEND TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ATTENTION: _____

SIGNED: _____
(STUDENT AND/OR GUARDIAN SIGNATURE)

OFFICE USE ONLY:

FEE PAID: _____
CA CK MO

LOCATION: _____

SEARCHER _____

DATE MAILED: _____

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FEE OF \$10.00 (CASH, CASHIER'S CHECK, OR MONEY ORDER) PER RECORD MUST ACCOMPANY THIS FORM AND A PHOTOCOPY OF A PICTURE ID