**Christiana Campus**

1615 South Christiana Avenue Chicago, IL 60623  
ph: 773 542 1490 f: 773 542 1492

**Collins Campus**

1313 South Sacramento Blvd Chicago, IL 60623

ph: 773 542 6766 f: 773 542 6955

[www.nlcphs.org](http://www.nlcphs.org)

**Official Transcript Request Form**

**Directions:**

* Transcript requests are handled by your counselor ONLY.
* A transcript is official only if it is mailed directly from NLCP to the institutional recipient (usually a college, university, or employer). In rare cases you can receive a transcript in a sealed envelope to deliver yourself.
* Transcript requests must be made ***at least 48 hours (2 days) in advance*** of the day that you need it mailed (not the day that it needs to be there). While transcripts will often be sent more promptly, during peak deadline periods, one week may be needed.

**Student’s Information:**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_ Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check One: \_\_\_\_\_\_ Release transcript only

\_\_\_\_\_\_ Release transcript and standardized test score(s) as follows:

Check all that apply: \_\_\_\_\_\_ ACT, test date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student or parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient information (The college/organization/program you are sending the transcript to) **PLEASE PRINT**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Due Date** | **Fee Waiver** | | | **School Information** | | | | |
|  |  | | | Name of College/Organization/Program: | | | |  |
| College Coach Review  (applications only) | | |  | Address, Zip Code: |  | | | |
|  |  | | | Name of College/Organization/Program: | | |  | |
| College Coach Review  (applications only) | |  | | Address, Zip Code: |  | | | |
|  |  | | | Name of College/Organization/Program: | |  | | |
| College Coach Review  (applications only) | |  | | Address, Zip Code: |  | | | |

***For Counselor’s Use Only:***

*Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Mailed* ***or*** *Given to student: \_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*