



ROBERTO CLEMENTE COMMUNITY ACADEMY
1147 NORTH WESTERN AVENUE
CHICAGO, ILLINOIS 60622

There is \$5.00 fee for each transcript requested. Fee must be paid in the form of cash or money order payable to Roberto Clemente Community Academy.

PLEASE PRINT:

Name: _____

(Last)

(First)

(Middle)

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____

Date of Graduation or Date of Leaving School: _____

Mother's Maiden Name: _____

Daytime Phone: _____

CPS ID Number (If Known): _____

Please check one or both: **Official Transcript** **Unofficial Transcript**

For an official transcript, please indicate where the transcript is to be sent.

Person/Office/Department: _____

Institution/School: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I authorize Roberto Clemente Community Academy to release my transcript as directed above.

Signature: _____

Date: _____

For Office Use Only

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