



McHenry Community High School District 156 Records Request

Please provide a photo ID when requesting records
Allow 5 to 7 business days to process request

Name _____

Name at time of Graduation _____ East or West/Upper Campus (circle one)

Date of Birth: _____ Graduation Year _____ Email address: _____

Check the type of record:

____ Official Transcript (**Sealed Envelope through U.S. mail or pick up only**) ____ Unofficial Transcript

____ Immunization records ____ Other _____

Check how the record should be released:

____ *Picking Up (District Office hours are 7:30am-4:00pm)

____ Email address: _____

____ Fax number: _____ Attention to: _____

____ U.S. Mail Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Your signature is required below and indicates your consent and authorizes us to send transcripts via fax, email, U.S. postal mail, picking up, or to a person on your behalf.

Signature: _____ Date: _____ Phone# _____
(**Must** be signed by former student, typed name not accepted)

****If you would like to request for someone to pick up records on your behalf, they will need to provide a photo ID. Please***

enter name here: _____ ***put your initials here:*** _____

Signature: _____ Date: _____ Phone# _____
(**Must** be signed at time of pick-up by person requested above)

Return completed form to:

District Registrar

Allison Ramirez

4716 W Crystal Lake Rd

McHenry IL 60050

Ph# 815-385-7900 x2026

Fax# 815-246-0090

Email: ramirezallison@dist156.org

Office use only: Date received _____ Received by _____ Processed by _____ Delivered on _____

Notes _____ (Revised 12/15/23)