



McHenry Community High School District 156 Records Request

Please provide a photo ID when requesting copies of all records through via fax, email, U.S. postal mail or in person.
Allow 3 to 5 business days to process request

Name/Maidan name _____ Attended **East or West** (circle)

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

Please check below the record you are requesting:

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

___ Immunization records ___ Birth Certificate ___ Student Verification Letter ___ Other _____

Please check how the record should be released:

___ *Picking Up (**East Campus** office hours: 7:00am-3:30pm **West Campus** office hours: 7:00am-4:00pm)

___ Email Email address: _____ Attention to: _____

___ Fax 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 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:

East Campus Registrar

Tracy Cody
1012 N Green St
McHenry IL 60050
Ph# 815-363-2562
Fax# 815-363-8435
Email: codytracy@dist156.org

West Campus Registrar

Sally Hephner
4724 W Crystal Lake Rd
McHenry IL 60050
Ph# 815-759-5516
Fax# 815-363-8651
Email: hephnersally@dist156.org

For Office Use Only: Date received _____ Received by _____ Processed by _____ Date delivered _____

Comments: _____ (Revised 4/12/19)