



REQUEST FOR STUDENT ACCOUNT INFORMATION

Full Name of Student _____ Grade _____

CPS ID #: _____ Birthday: _____

Elementary School _____ Current School _____

Address _____ Apt/Unit#: _____

City _____ State _____ Zip _____

Guardian Telephone # (____) _____ - _____ Guardian Email _____

Student Cell Phone (____) _____ - _____ Student Email _____

I authorize the James R. Jordan Foundation to mail my son/daughter's A-TEAM Scholar account statement to my attention. I understand statements are generated three times a year and may be mailed 30-45 days following the end of the grading period and pending grade verification.

Parent/Guardian Signature Date

Guardian Name (Please print)

Return this form to:

**James R. Jordan Foundation
A-TEAM Scholars Program
PO BOX 11698
Chicago, IL 60611**

For office use only:

Received by: _____ Date: _____

Processed by: _____ Date: _____

Mailed by: _____ Date: _____

