

RECORDS RELEASE
POST HIGH SCHOOL ADMISSIONS/EMPLOYMENT/
FINANCIAL AID AND SCHOLARSHIP/SCHOOL TRANSFER

I hereby consent to the release of the following information from school records:

NAME: _____
Last First M.I. Year of Graduation

- Academic Transcript
High School Physical/Immunization Records
Prairie State Achievement Exam Results
Special Education Records (If Applicable)

Please forward copies of the above information to any educational institution or agency requesting them for any of the purposes listed above. I understand that I have the right to inspect, copy and challenge the contents of the school records in question prior to release. I also understand that my records may be forwarded in electronic format.

I further understand that my permanent record will be maintained by the district for sixty (60) years and that temporary record information will be maintained no longer than five (5) years. I understand that I have the right to request copies of such records at any time prior to their destruction.

Date of Birth

Student Signature Date Parent Signature Date
(Signature valid until student's 18th birthday or High School graduation.)

*****FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE*****

Table with 3 columns: Date Sent, Institution, Recorder. Multiple rows for data entry.