

## JOLIET TOWNSHIP HIGH SCHOOLS

## **RECORD OF RELEASE OF INFORMATION**

The following documentation is required prior to the release of a student's records. It should be noted that the parent/guardian and student, if over 12, have the right to inspect and copy the records to be released, challenge the contents, limit consent to designated records or portions of the information contained in the records and revoke this consent in writing at any time. The completion of this form will constitute compliance with FERPA, MHDDCA, ISSRA, and the Confidentiality Act as the required documentation for the consent and release of the requested student record information.

## Student ID: \_\_\_\_\_

NY.			
Name:			
Last	First	Middle	Birth Date
Address (Current)	City/State/Zip		Telephone Number
Signature of Person requesting transcript			
Name and address of where records will be forw	arded to (please print):		
	u i /		
	Name of school/college	e/agency	······
	Address of school/colle	ege/agency	
City	State		Zip
What is the reason/purpose of this request?			
_			
College/University Application	□ Proof of Grad	luation	Other (Please explain)
Nature/substance of information reased:	Officia P	scrip	Unofficial Transcript
SAT Score included with Transcript?	Tes I	No	(JTHS State ACT
Score Only)	5		(01115 50000 1101
Please check one:			

• Parent a student signatures are required before school records will be released.

- 1 FÍNAL TRANSCRIPT PER STUDENT
- ALL SCHOOL FEES must be paid before records will be released.