



THORNTRIDGE HIGH SCHOOL

15000 COTTAGE GROVE AVENUE, DOLTON, ILLINOIS 60419

REGISTRAR'S OFFICE: 708.271.4483 FAX: 708.271.5020

CONFIDENTIAL INFORMATION RELEASE FORM

STUDENT ID NUMBER: _____ **STUDENT NAME:** _____
(CURRENT STUDENTS ONLY)

(GRADUATES ONLY) **MARRIED NAME:** _____

STUDENT'S BIRTHDATE: _____ **PHONE No.:** _____

ADDRESS: _____ **CITY:** _____ **St:** _____ **ZIP:** _____

***SIGNATURE:** _____ **RELATIONSHIP TO STUDENT:** _____

*PARENT/GUARDIAN SIGNATURE REQUIRED TO RELEASE RECORDS IF STUDENT IS UNDER THE AGE OF 18.

CHECK STATUS:

- CURRENT STUDENT (CLASS OF _____)
- GRADUATE (YEAR _____)
- WITHDRAWN (DATE OF WITHDRAWAL _____)
- ACT SCORES _____

STUDENT/PARENT INITIALS

CHECK INFORMATION NEEDED:

- TRANSCRIPT
- CONSTITUTION VERIFICATION
- OTHER: _____

PLEASE CHECK BELOW:

- MAIL TRANSCRIPT TO ADDRESS BELOW
- PERSONAL COPY OF TRANSCRIPT (NUMBER OF COPIES: _____)
- WITHDRAWING STUDENT

I DO HEREBY AUTHORIZE DISTRICT 205 (THORNTON TOWNSHIP HIGH SCHOOLS) TO RELEASE INFORMATION TO:

(NAME OF INSTITUTION, EMPLOYER, OR PROFESSIONAL PERSON)

STREET & NUMBER _____ CITY _____ STATE _____ ZIP _____

DATE OF REQUEST: _____ APPLICATION: YES NO CHECK #: _____

TRANSCRIPT PAID: _____

TRANSCRIPT SENT: _____

THIS STUDENT DOES NOT OWE ANY FEES TO DISTRICT 205. BOOKSTORE STAMP:

NOTE: ALL FINANCIAL OBLIGATIONS MUST BE MET BEFORE RECORDS CAN BE RELEASED. THE FIRST THREE TRANSCRIPTS FOR ENROLLED STUDENTS ARE FREE OF CHARGE. THEREAFTER, EACH TRANSCRIPT IS \$3.00 PER COPY. ALL TRANSCRIPTS ARE \$3.00 AFTER GRADUATION.