



THORNTRIDGE HIGH SCHOOL

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:** _____

*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- WITHDRAWN (DATE OF WITHDRAWAL _____)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 _____ (PARENT/STUDENT INITIALS)

CHECK INFORMATION NEEDED:

- TRANSCRIPT
- DIPLOMA (THE COST FOR A DIPLOMA IS \$80.00. AND ESTIMATED SHIPPING TIME IS 10-12 WEEKS.)

PLEASE CHECK BELOW:

- MAIL TRANSCRIPT TO ADDRESS BELOW

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: _____

TRANSCRIPT PAID: _____

TRANSCRIPT SENT: _____

All financial obligations must be met before records are released. The first 3 transcripts for enrolled current students are free of charge. Thereafter, each transcript is \$3.00 per copy. All transcripts are \$3.00 after graduation. **Payment for all transcripts must be in the form of cashier's check or money order. Personal checks are not accepted.** Once the form is completed, please mail the form, a copy of a valid photo ID and \$3.00 for each copy to:

THORNTRIDGE HIGH SCHOOL
ATTN: REGISTRAR
15000 COTTAGE GROVE AVENUE
DOLTON, IL 60419