



THORNWOOD HIGH SCHOOL



CONFIDENTIAL INFORMATION

RELEASE FORM

DATE: _____

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

MARRIED NAME: _____
(GRADUATES ONLY)

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 _____)

CHECK INFORMATION NEEDED:

- TRANSCRIPT (\$3.00 A COPY)
- TRANSCRIPT W/OUT TEST RESULTS
- DIPLOMA (\$50 CHARGE, SHIPPING: 6-8 WEEKS)

PLEASE CHECK BELOW:

- MAIL TRANSCRIPT TO ADDRESS BELOW
- PERSONAL COPY OF TRANSCRIPT (NUMBER OF COPIES: _____) \$3.00 A COPY

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

(NAME OF INSTITUTION, EMPLOYER, OR PROFESSIONAL PERSON)

ADDRESS CITY STATE ZIP

DATE OF REQUEST: _____

FORM OF ID GIVEN: _____

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.

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