

**WEST CHICAGO COMMUNITY HIGH SCHOOL DISTRICT 94
RECORDS RELEASE**

I request that West Chicago Community High School #94, West Chicago, Illinois release the following records of:

Name: _____ ID# _____ Phone: _____

Date of Birth _____ Counselor _____ Last Date of Attendance _____

Educational Records Health Records Other _____

TO:

1. _____
Name of School/Scholarship

Address

City, State, Zip

Scholarship Date Due

2. _____
Name of School/Scholarship

Address

City, State, Zip

Scholarship Date Due

Date of Request

Signature of Student or Parent*

**Final Official transcripts MAY NOT be released if there are any
outstanding student financial obligations**

**Parents signature is required if the student is under eighteen (18) years of age. Student's signature is required if the student is eighteen (18) years of age or older.*

Please forward a copy of the unofficial transcript to me at the following address:

Name _____
Street _____
City, State, Zip _____

I understand that I have a right to inspect, copy and challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the student records to designated records or designated portions of information in the school student records.

Date of Request

Signature of Student or Parent*

**Parents signature is required if the student is under eighteen (18) years of age. Student's signature is required if the student is eighteen (18) years of age or older.*

**THERE IS A FEE OF \$5.00 PER TRANSCRIPT/HEALTH RECORD REQUESTED FOR
ALL
FORMER STUDENTS**

STANDARD 2 BUSINESS DAY PROCESSING

FEE PAID _____