WOODSTOCK COMMUNITY UNIT SCHOOL DISTRICT 200

RECORDS RELEASE

NAME: _____ _____ _____ _____
Last First MI Yr. of Grad.

_____ Academic Transcript
_____ High School Physical / Immunization Records
_____ Special Education Records (if applicable)

Please forward copies of the above information to any education institution or agency requesting them for any of the purposes listed above. I understand that I have the right to inspect, copy, and challenge the contents of the school records in question prior to release. I also understand that my records may be forwarded in an electronic format.

I further understand that my permanent record will be maintained by the district for sixty (60) years and that temporary record information will be maintained no longer than five (5) years. I understand that I have the right to request copies of such records at any time prior to their destruction.

_____
Date of Birth

_____ _____
Student Signature Date Parent Signature Date

(Signature valid until student's 18th birthday or school graduation)

******* FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE *******

Date Sent	Institution	Recorder