



PLAINFIELD NORTH HIGH SCHOOL

Student Services Department
12005 South 248th Avenue
Plainfield, Illinois 60585
Phone: 815-254-6171
Fax: 815-254-6201

OFFICIAL TRANSCRIPT RELEASE FORM

Date: _____ Student's ID#: _____

Student's Name: _____

By signing this release, I grant Plainfield North High School authority to release my child's official transcripts and standardized test results to those colleges and universities to which he or she is applying and requesting that such information be sent in order for my child's application to be processed accordingly. Please release my child's official transcript to:

**THE APPROPRIATE DESIGNATED OFFICIALS AT ANY AND ALL
COLLEGES AND UNIVERSITIES REQUESTED.**

I understand that under relevant state and federal laws, I have the right to inspect and copy these records; challenge the contents of these records; and limit any consent to designated records or designated portions of information within the records.

Student's Signature: _____

Parent/Guardian's Signature: _____