



# PLAINFIELD NORTH HIGH SCHOOL

## STUDENT SERVICES DEPARTMENT

12005 South 248<sup>th</sup> Avenue

Plainfield, Illinois 60585

Phone: 815-254-6171

Fax: 815-254-6201

## OFFICIAL TRANSCRIPT RELEASE FORM

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

By signing this release, I grant Plainfield High School authority to release my child's official transcripts to those colleges and universities to which he or she is applying 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. **Please indicate below with your initials whether you authorize and give consent for Plainfield High School to include standardized test scores on your child's official transcript.**

YES \_\_\_\_\_ NO \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

This consent is valid until student turns 18 or parent instructs otherwise.