



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 ID # _____

Student Name: _____ Grade: _____

By signing this release, I grant Plainfield North 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 North 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.