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.