

ANTIOCH COMMUNITY HIGH SCHOOL

1133 MAIN STREET

ANTIOCH, ILLINOIS 60002-1899

Phone: (847) 395-1421 Fax: (847) 395-2435 E-mail: vstevens@sequoits.com

I hereby consent to the release of the following information from the school student record of:

Student's Name	Yr. of Grad.
Telephone #	Date of Birth

Records to be released: (check all that apply)

- Academic Transcript*
- Health Records
- Psychological Testing Reports and/or Special Education Records
- Other _____

*Please note that District 117 is required to post all standardized test scores reported to the high school.

Please release the above information to:

All Colleges/Universities & Scholarship Applications

Institution Address

Institution Address

Institution Address

Attach list of additional addresses if desired.

I understand that I have the right to inspect, copy and challenge the content of the school student records in question prior to release and the right to limit any consent for the release of student records to designated records or designated portions of information in the school student records.

Signature of Student

Signature of Parent (for student under age 18)

Date

Date