McLean County Unit District 5
Transcript Release Form

(Fill in Complete Address)

STUDENT INFORMATION:

Last Name First

Address

City State Zip Code

Date of Birth Month Day Year

Year of anticipated graduation: _____

**If not presently a student at a McLean County Unit District 5 High School, graduation date or date last attended: _____

Name while attending a Unit 5 High school, if different:

_____

SEND TRANSCRIPT TO:

Name of Institution or Scholarship

Address

Address

City State Zip Code

☐ **Application Completed Online**

☐ **Application Attached**

Allow 2 weeks for application review and mailing.
Allow 48 hours for transcript request to be processed.

Federal and State legislation requires that consent is needed for transfer of records beyond a third party.

I hereby authorize McLean County Unit District 5 to release an official school transcript as well as official administrative records (name, address, birthdate, grade level completed, grades, class standing, college entrance test scores* and attendance record). The above named student must sign this authorization form. ***If the student is not 18 years of age, the authorization form must be signed by the parent/guardian.***

Student's Signature: _____ Date _____

Parent's Signature (If not 18): _____ Date _____

Colleges and universities generally require an official ACT and/or SAT score report. To send scores, visit www.actstudent.org or www.collegeboard.com.

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For Office Use Only

Date received by Counseling: _____

☐ Application signed/complete

☐ Application Fee

☐ Letters of Recommendation (____ total number)

☐ $3.00 Transcript Fee

Note: _____

_____

Date given to Registrar:_____

Date sent:_____