



Records Release

- Transcript Only**
- Immunizations Record Only**
- Academic Record (\$.35 per page)**

ID Verified

STUDENT INFORMATION:

(Fill in Complete Address)

SEND RECORD TO:

Last Name First

Address

City State Zip Code

Date of Birth Month Day Year

Name of Institution or Scholarship

Address

Address

City State Zip Code

Telephone#: _____

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 school, if different:

- Allow 2 weeks for letter of recommendation and school report
- Allow 48 hours for transcript or health record to be processed;
- Allow 2 weeks for academic records.

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. I acknowledge that I have been advised of my right to inspect and copy records, challenge their contents, and limit my consent to designated records or designated portions of records. ***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.

For Office Use Only Date received by Counseling: _____

- \$3.00 Transcript/Immunization Record Fee \$_____ Academic Record Fee

Note: _____

Date given to Registrar: _____

Date sent: _____