



# Records Release

Due:  
Feb. 26, 2018

- 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](http://www.actstudent.org) or [www.collegeboard.com](http://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: \_\_\_\_\_