

TRANSCRIPT REQUEST (FORMER STUDENT)

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS AND INFORMATION

Harvard School District 50, 401 North Division Street, Harvard IL 60033 815-943-4022

I hereby grant full permission to Harvard High School to release information concerning:

Name *(please print)*

Year of Graduation _____

ID number *(current student)*

(if not current)

Please send my transcript to:

(School/Organization/Individual Organization/Self)

(Address)

(City, State, Zip Code)

Check items you wish to include:

Transcript *(includes record of grades, attendance, grade point average, rank in class etc.)*

ACT / SAT Scores

Immunization *(only if the college you are going to attend requires these and you have not already sent them with application for college)*

Signed: _____ Date of Signature _____

(Parent or Legal Guardian or Student)

(If student is 18 years of age or older, the parent may not sign for above records.)

\$2.00 Fee Paid to Harvard Community School District 50

(Address)

(Telephone)

Date Received _____ Initials _____

Date Printed _____ Initials _____

Date Mailed _____ Initials _____

DATE

ID#

NAME