

**WEST CHICAGO COMMUNITY HIGH SCHOOL DISTRICT 94  
RECORDS RELEASE**

I request that West Chicago Community High School #94, West Chicago, Illinois release the following records of:

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Counselor \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_

Educational Records  Health Records  Other \_\_\_\_\_

**TO:**

**1.** \_\_\_\_\_  
Name of School/Scholarship

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Scholarship Date Due \_\_\_\_\_

**2.** \_\_\_\_\_  
Name of School/Scholarship

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Scholarship Date Due \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Student or Parent\*

**Final Official transcripts WILL NOT be released if there are any  
outstanding student financial obligations**

*\*Parents signature is required if the student is under eighteen (18) years of age. Student's signature is required if the student is eighteen (18) years of age or older.*

Please forward a copy of the unofficial transcript to me at the following address:

Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Student or Parent\*

*\*Parents signature is required if the student is under eighteen (18) years of age. Student's signature is required if the student is eighteen (18) years of age or older.*

**THERE IS A FEE OF \$5.00 PER TRANSCRIPT/HEALTH RECORD REQUESTED FOR ALL FORMER  
STUDENTS with STANDARD 2 DAY PROCESSING**

**EXPRESS SAME DAY PROCESSING AVAILABLE...CHECK WITH  
REGISTRAR FOR ADDITIONAL SERVICE FEES**

FEE PAID \_\_\_\_\_

**FOR OFFICE USE ONLY**

*The above college/scholarship application(s) have been submitted for review to Counselor.*

Date Submitted to Counselor \_\_\_\_\_  
 Application & fee(s) attached \_\_\_\_\_

Complete secondary school report(s)  
 Recommendation(s) if requested

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_