



Plainfield East High School
 12001 South Naperville Road
 Plainfield, IL 60585
 Phone: (815) 577-0360
 Fax: (815) 577-2431

OFFICIAL TRANSCRIPT RELEASE FORM
(Juniors & Seniors)

Date: _____ Student ID # _____

Student Name: _____ Grade: _____

By signing this release, I grant Plainfield East High School authority to release my child's official transcripts to those colleges and universities to which he or she is applying in order for my child's application to be processed accordingly. Please release my child's official transcript to:

**THE APPROPRIATE DESIGNATED OFFICIALS AT ANY
 AND ALL COLLEGES AND UNIVERSITIES REQUESTED.**

I understand that under relevant state and federal laws, I have the right to inspect and copy these records; challenge the contents of these records; and limit any consent to designated records or designated portions of information within the records. **Please indicate below with your initials whether you authorize and give consent for Plainfield High East School to include standardized test scores on your child's official transcript.**

YES _____ NO _____

Student's Signature: _____

Parent/Guardian's Signature: _____

This consent is valid until student turns 18 or parent instructs otherwise.

<small>FOR PEHS OFFICE USE ONLY:</small>		
<u>Student Services Secretary:</u>		
Naviance/Parent Consent Updated:	By: _____	Date: _____
eSchool/Trans Scores Print Approval:	By: _____	Date: _____ <small>(Then give form to Registrar.)</small>
<u>Registrar:</u>		
Test Scores Added <i>(When Applicable)</i> :	By: _____	Date: _____ <small>(Registrar keeps form.)</small>