Click here to PRINT

Collinsville Community Unit School District No. 10

201 West Clay Street ● Collinsville, Illinois 62234 ● 618-346-6350 ● Fax 618-346-6357

CONSENT FOR RELEASE OF SCHOOL RECORDS

I hereby consent to the release of the following information from my school records:

- ☐ Academic Transcript
- ☐ Health Record

Last Name First Name Middle Initial Maiden Name *(if applicable)*

Date of Birth

Year Graduated Year Attended Night School *(if applicable)*

Please release my records to: _____

_____

_____

_____

Signature Date

Deliver, mail or fax this completed form to:

Collinsville Community Unit School District No. 10
Office of Records and Registration
201 West Clay Street
Collinsville, IL 62234

FAX: **618-343-2556**

Notice to persons or agencies receiving student records: Section 438 (b) (4) (B) of the US Public Law 93-380 requires that the enclosed personal PUPIL RECORD information be transferred to you only on condition that you will not permit any other party to have access to it without the written consent of the student.