

To request a transcript please complete [this](#) form by following the directions below. Please remember to include a phone number and email address where you can be reached for questions.

Directions for completing a Release of Records Form:

1. CLEARLY print your name as it appeared on your diploma at the time of graduation.
 - If you remember your ID number, please include it.
 - Indicate the year you graduated. If you did not graduate, please indicate your last year of attendance.
 - Indicate your birth date.
 - The Social Security Number is NOT required; it is optional.
2. Indicate what records you want released.
 - Indicate the name of the college or university you would like the transcript sent to. If this request is for an employer, indicate the full company name and address, along with the name and title of individual the transcript should be sent to.
 - **Remember, you must self-report your official test scores. The websites are listed on the form.**
 - Make sure you sign and date the form. A typed signature will NOT be accepted.
 - **Please include a telephone number and/or an e-mail address where you can be reached in case I have any questions.**

The new ACHS website address, my e-mail address and fax number are listed on the form for your convenience.

Thank you,

Ms Vicky Stevens
Registrar

847-838-7640

Forms/guidance

ANTIOCH COMMUNITY HIGH SCHOOL

1133 MAIN STREET

ANTIOCH, ILLINOIS 60002-1899

Phone: (847) 395-1421 Fax: (847) 395-2435 E-mail: Vicky.stevens@chsd117.org

Registrar: Vicky Stevens

Website: www.chsd117.org

I hereby consent to the release of the following information from the school student record of:

Student's Name		Yr. of Grad.
St Id #	Phone #:	Date of Birth
Email Address:		Maiden Name:

Records to be released: (check all that apply)

- Academic Transcript*(Official or Unofficial-**Please indicate**)
Official transcript will be mailed directly to institution
- Health Records
- Psychological Testing Reports and/or Special Education Records

Please release the above information to:

- All Colleges/Universities and Scholarship Applications. (Attach a list of additional addresses if needed.)
- Employer

Institution Address

Institution Address

**** PLEASE NOTE ****

Student is responsible for sending his/her test official test scores through the testing agencies. Go to: www.actstudent.org or www.collegeboard.com if you have not already sent your scores to these colleges.

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

Signature of Student

Signature of Parent (for student under age 18)

Date

Date

Forms/guidance