

Alton High School
4200 Humbert Rd.
Alton, IL 62002
618-474-6902

Student Record Release – Transfer - Consent

The Family Educational Rights and Privacy Act (FERPA) requires the school to obtain the signed consent of a parent or the student (if 18 or over) before student record information can be sent to designated receivers. Forms without a signature cannot be processed. **Transcripts** are processed for a **\$5.00 processing fee** per copy. **Immunization Records** are processed for a **\$3.00 processing fee**. There is no charge for a current student or within one year of leaving AHS. An official copy cannot be issued for a student who has a financial obligation to the school. You may obtain an unofficial copy if you have a financial obligation. Please complete and sign below. I authorize the school to send copies of my transcript or (my son's/daughter's) transcript.

Today's Date _____ Phone # _____

PRINT STUDENT NAME _____
(Include Maiden Name, if applicable)

Birth Date _____ Non-Graduate ___ Graduate ___ Graduation Date _____

To: _____
(Self, School or requesting source)

(Complete address)

Purpose of Request

Signed _____
Parent, Guardian or Student (if 18 yrs old) Relationship
(Student must be 18 yrs old to sign & release transcript).

As a parent or authorized representative you have the right to limit this consent to designated records or designated portions of information within the records. **Permanent** record information consists of basic identifying information, academic transcript, attendance, health/accident records. This information is the minimum necessary for transfer. **Temporary** record information consists of all information not required to be in the permanent record and may include test results, and other verified information which is clear relevance to the education of the student.

Office Use Only Date transcript released _____ By _____

L Moore, Registrar

Cash _____ Check # _____ for \$ _____