

LAKES COMMUNITY HIGH SCHOOL

1600 Eagle Way
Lake Villa, IL 60046

Phone: (847) 838-7100

Main Fax: 847-838-3670

Website: www.chsd117.org

REGISTRAR'S FAX: 847-395-9702

Registrar: Debi Thompson

E-mail: Debi.Thompson@chsd117.org

I hereby consent to the release of the following information from the student school record of:
(Please PRINT clearly)

Student's Name	Lakes ID#	Year of Graduation *	Date of Birth
Phone #:			
E-mail address:			

* If you did not graduate, please indicate the last year of attendance.

Records to be released (check all that apply):

- Academic transcript (Official or Unofficial – **please indicate**)
- Health/Medical 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.)
- _____
Institution Address
- _____
Institution Address
- _____
Institution Address

**** PLEASE NOTE ****

Student is responsible for sending his/her 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 contents 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