



# WATERLOO HIGH SCHOOL

505 East Bulldog Blvd

Waterloo, IL 62298

Phone: 618.939.3455

Fax: 618.939.5740

Website: www.wcusd5.net

## Consent for Release of Student Records

(Former and Graduated Students)

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

Last Name

(Maiden name)

First Name

Date of Graduation/Last Year of School \_\_\_\_\_

\_\_\_\_\_ Academic Transcript

\_\_\_\_\_ Standardized Test Scores

\_\_\_\_\_ Medical Records

\_\_\_\_\_ Psychological Testing

\_\_\_\_\_ Other \_\_\_\_\_

Please release the above information (by \_\_\_\_\_ Fax / \_\_\_\_\_ Mail / \_\_\_\_\_ Release for student pick up) to the following:

\_\_\_\_\_  
(Name of Employer, College, University, etc.)

\_\_\_\_\_  
(Address, City, State, Zip)

Or

\_\_\_\_\_  
(Fax number if required)

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 my consent for the release of the school student records to designated records or designated portions of information in the school records.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)