

# Jacksonville School District 117

## Request for Student Records

I hereby authorize School District 117 to release my school records:

Transcript \_\_\_\_\_ Health Records \_\_\_\_\_ ACT/SAT Score \_\_\_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
(Name used in High School)

Phone Number \_\_\_\_\_

Date of Graduation \_\_\_\_\_ If Did not Graduate, Date Last Attended \_\_\_\_\_

Birthdate \_\_\_\_\_

Send transcript to:

Email \_\_\_\_\_

Fax \_\_\_\_\_

Mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail or Fax this form to:  
Jacksonville School District 117  
211 West State Street  
Jacksonville, IL 62650  
Phone: 217-243-9411  
Fax: 217-243-6844