

2001 North Orchard Street
Chicago, Illinois 60614



(Main Line) 773-534-8130
www.lincolnparkhs.org

CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS

PLEASE PRINT CLEARLY

Name: _____
(WHILE ATTENDING LPHS)

Year Graduated/Left: _____

Date of Birth: _____

Division Number: _____

I hereby consent to the release of transcript information to the school or business stated below and when applying for scholarships.

College/School Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Signature: Student/Parent _____ Date: _____