

**Request for Student Records  
Jacksonville High School**

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

Transcript: \_\_\_\_\_ Health Record: \_\_\_\_\_ ACT Score: \_\_\_\_\_ Other: \_\_\_\_\_

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

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

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

Birthdate: \_\_\_\_\_

Mail my records to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print and mail this completed form to:

Jacksonville School District #117  
211 West State Street  
Jacksonville, IL 62650