

Jacksonville School District 117

Request for Student Records

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: _____

Date of Graduation: _____ If Did not Graduate, Date Last Attended: _____

Birthdate: _____

EMAIL my records to: _____

FAX my records to: _____

MAIL my records to: _____

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

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