

**RECORDS RELEASE AUTHORIZATION**

To: Hamilton County Senior High School  
1 Fox Lane  
McLeansboro, IL 62859

From: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Please send my transcript to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any questions regarding this request, please call \_\_\_\_\_.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Last

First

Middle

Birth Date: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**INFORMATION RELEASE AUTHORIZATION**

My signature below authorizes the release of the requested information.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is under 18 years of age)

Date: \_\_\_\_\_