

FORMER STUDENT RECORDS REQUEST FORM
STARK COUNTY HIGH SCHOOL

418 S. Franklin
Toulon, IL 61483
(P) 309-286-4451
(F) 309-286-3321

Name: _____ Maiden: _____ Graduation Yr. _____

Name on Transcript: _____

Date of Birth: _____

Current Address: _____

Phone: _____

I give Stark County High School permission to release my (check all that apply):

_____ Transcripts

_____ Immunization Records

to the following:

College or Employer: _____

Attention: _____

Address: _____

City, State, Zip: _____

Special Instructions: _____

Signature of Former Student (NOT PARENT) _____

Date: _____