

TRANSCRIPT RELEASE FORM

I authorize Libertyville High School to release my transcript to the person or institution named below. I understand that it may take up to one week to process this request.

Name on LHS Student Records: _____
(print your full name)

Signature (NOT typed) _____ **Graduation Year:** _____
(Parent/Guardian must sign if student is under age 18, original signatures only, NO TYPED or ELECTRONIC signatures)

Birthdate: _____ **Phone number:** _____

Today's Date: _____

Choose one: _____ **Official Transcript*** _____ **Unofficial Transcript***

*Official transcripts are released directly to colleges, universities, or institutions but not to students. Unofficial transcripts are released directly to students and except for the official seal and Registrar signature contain the same information as an official transcript.

Choose one: _____ **Mail** _____ **Email**

Mail or email the transcript to (check one): _____ **College** _____ **Scholarship** _____ **Employer** _____ **Self**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

OR, Email to: _____

College admission test scores (ACT/SAT) are NOT included on your transcript. It is your responsibility to send test scores directly to the university.

Libertyville High School
email completed form to Michelle.Lentz@d128.org (preferred)
708 W Park Ave, Libertyville, IL 60048 Registrar (847)327-7022 Fax (847)367-9436