



Release of Records Form

2012-2013

200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354
www.schaumburgchristian.com

I give permission for:

School Transferring From

Street Address

City

ST

ZIP

Phone Number

Fax Number

To release the records of:

Student's Name

Date of Birth

To the following institution:

Schaumburg Christian School
Attn: School Registrar
200 North Roselle Road
Schaumburg, IL 60194
Phone: 847-885-3230
Fax: 847-885-3354

1. Please send an official transcript / records which may include:
2. Name, address, serial number, phone number, and year of graduation
3. Date and place of birth and method of verification
4. Date of entrance and, if appropriate, date of withdrawal and/or re-entry
5. Parents or guardians: name, occupation, business name and address
6. Name and location of school(s) previously attended
7. Results of Driver Education course, Consumer Education course, state and federal Constitution tests, and Essential Skills tests in English, math, and reading
8. Names of courses taken, including: grades, credits earned, grade point average, and rank in class
9. Attendance dates, including absences and tardies
10. Scores on college entrance tests (if applicable)
11. Grades earned when withdrawal occurs prior to the completion of a semester
12. Courses in progress (if applicable)
13. Physical examination and immunization records
14. Information necessary to interpret the transcript, including a key of the grading scale
15. All special education records and information
16. All disciplinary records

Signature of Parent and/or Guardian: _____ Date: _____

Released by: _____ Date: _____