



**Schaumburg Christian School**

200 North Roselle Road

Schaumburg, IL 60194

Phone: 847-885-3230

Fax: 847-885-3354

www.schaumburgchristian.com

**Release of Records Form**

2018-2019

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

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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: \_\_\_\_\_