CENTRALIA HIGH SCHOOL
2100 EAST CALUMET
CENTRALIA, IL 62801
(618) 532-7391
FAX (618) 532-0640

RELEASE OF INFORMATION

NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO.** _____

LAST YEAR OF ATTENDANCE/GRADUATION: _____

I authorize Centralia High School to:

( ) release to
( ) transfer to
( ) obtain from

College Name/School Name: _____

Street Address: _____

City/State/Zip Code: _____

the following student records:

( ) Transcript (Temporary/Permanent)
( ) Health and Immunization Records
( ) Constitution/Driver Ed Test Results
( ) Standardized Test Results
( ) Enrollment Dates/Attendance Records
( ) Latest Report Card/Withdrawal Grades
( ) Required (State of Illinois) Transfer Form
( ) Other

_____
Signature

_____
Street Address

_____ **Telephone:** _____
City/State/Zip Code

Special Education records are available from:

Kaskaskia Special Education District
224 South Locust Street
Centralia, IL 62801
Phone: (618) 532-4721