



**Hinsdale Central High School  
Counseling Department  
5500 S. Grant Street  
Hinsdale, IL 60521**

**630.570.8253  
fax: 630.887.9518**

**Release of Student Records**

This form must be returned with completed registration materials.

In compliance with Federal Statute and the law pertaining to the Right of Privacy, will you please complete and sign the statement below. Illinois School law requires schools to forward all student discipline and attendance records along with any records pertaining to suspensions and expulsions of the student. **Print all information.**

<b>To the Registrar of (Former School):</b>	
<b>Address:</b>	
<b>City, State, Zip</b>	

**I Hereby Authorize The Release Of Information to Hinsdale Central High School For The Following Student:**

<b>Student Name:</b>	
<b>Grade:</b>	
<b>Date of Birth:</b>	

**Transcripts of subjects and grades to include:**

<input type="checkbox"/>	U.S. Constitution Test – Date Passed _____	<input type="checkbox"/>	Attendance Records
<input type="checkbox"/>	Illinois Constitution Test – Date Passed _____	<input type="checkbox"/>	Health Records
<input type="checkbox"/>	Date of Entrance and Withdrawal	<input type="checkbox"/>	ISBE Student Transfer Form
<input type="checkbox"/>	Grades at time of Withdrawal	<input type="checkbox"/>	Special Services and/or program provided
<input type="checkbox"/>	Key to your grading system	<input type="checkbox"/>	Special Education Records including Individualized Education Plan (IEP) and other pertinent information
<input type="checkbox"/>	Psychological Reports	<input type="checkbox"/>	All records of suspensions and/or expulsions
<input type="checkbox"/>	Standardized Tests		

\_\_\_\_\_  
**Parent / Guardian Signature (or student if 18 years old)**

\_\_\_\_\_  
**Date**

**PLEASE RETURN ALL INFORMATION TO:**

**Registrar  
Hinsdale Central High School  
5500 S. Grant Street  
Hinsdale, IL 60521**