Records Request Form

Forreston High School P.O. Box 665, 601 East Main Street Forreston, IL 61030

Phone: (815) 938-2175 Fax: (815) 938-2546

Email: pgreenfield@fvdistrict221.org

Complete the following information and return to the address or fax number above. Please allow five (5) business days to process your request.

Request Date:			
Full Name:			
L	ast	First	Middle
Former/Maiden Name:	Last		MC III.
	Last	First	Middle
Daytime Phone Number:			
Graduation Year/Last Year of A	Attendance:		
School Attended: L	eaf River High	School	Forreston High School
Document/Record Requested:	S	ranscript pecial Education Re ther	
Send To:			
Authorization:			
By signing below I authorize Folisted above. I understand that with designated school officials	I may review m		
Student Signature * * A signature from the student in question is ne	eded to authorize relea	se of records.	Date
For Office Use Only	•••••		
Initials		Send Dat	٠6٠