



Student Record Release

I request that all records listed below for _____

be sent to: **Glenwood High School**
1501 E. Plummer Blvd.
Chatham, IL 62629
Tel: (217) 483-2424
Fax: (217) 483-6820

Date _____ Parent Signature _____

Guardian Signature _____

Student Signature _____

Records include:

_____ Student in Good Standing Transfer Form

_____ Personal Information Sheet

_____ Test Records

_____ Health and Accident Reports

_____ Elementary Courses, Grades, and Attendance

_____ Secondary Courses, Grades, and Attendance

_____ Activities, Honors, and Awards

_____ All Special Education Records

_____ Other _____

School Attended _____
