



Collinsville Community Unit School District 10

201 West Clay Street • Collinsville, IL 62234 • 618-346-6350 • fax 618-343-3673

CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS By MAIL or IN-PERSON PICK-UP

Note: Please include \$5.00 per transcript request for copying fee.
Payment may be by Cash, Check (Payable to Collinsville CUSD10) or Money Order

**Transcript requests may be ordered electronically via the Collinsville CUSD 10 Web Store online at:
<https://kahoks.revtrak.net>**

Date of Request: _____

I hereby consent to the release of the following information from the school student records:

Academic Transcript

Health Records

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Maiden Name (if applicable)
_____	_____	_____	_____
Date of Birth (Month, Day, Year)	Telephone Number	Email Address	
_____	_____	_____	
_____	OR _____	OR _____	_____
Year Graduated	Last Year Attended	Year Attended Night School (if applicable)	

Please release my records to: _____

Signature

Date

Mail (or bring) this completed form (along with transcript payment) to:

Collinsville Community Unit School District Number 10
Office of Records and Registration
123 West Clay Street
Collinsville, Illinois 62234

NOTICE TO PERSONS OR AGENCIES RECEIVING STUDENT RECORDS: Section 438 (b) (4) (B) of the US Public Law 93-380 requires that the enclosed personal PUPIL RECORD information be transferred to you only on condition that you will not permit any other party to have access to it without the written consent of the student.

FOR OFFICE USE ONLY

Name of Records Custodian

Signature of Records Custodian

Payment Received _____ Amount Cash Check Number Money Order RevTrak