

## AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize Shawnee Community College to request a copy of my high school transcript for admission and registration purposes. I understand that all information will remain confidential in my permanent student record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNSELOR PLEASE FORWARD AN OFFICIAL HIGH SCHOOL TRANSCRIPT TO:**

**Admissions and Advisement \* Shawnee Community College  
8364 Shawnee College Road \* Ullin, IL 62992-9752**

**(Please make sure that the graduation date is on the student's transcript)**

**PLEASE ATTACH THIS FORM  
TO THE TRANSCRIPT**

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***PRINT PLAINLY***

Name: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Name of High School or GED Test Site: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Graduation Date: \_\_\_\_\_