

RELEASE OF INFORMATION FORM FOR **FORMER** STUDENTS

WHO **WILL NOT** BE PICKING THEM UP IN PERSON

Transcripts are \$4.00 each, payable by money order (payable to LTHS)

or **e-pay** (online on our website – www.lths.org).

No charge for an immunization record

Please fax this form to 815-588-8359 (when paying by e-pay or requesting by mail)

OR

Mail this form along with your money order for \$4.00 to:

1333 E. 7th St., Lockport, IL 60441, Attention: Registrar

I give Lockport Township High School my permission to release my (transcript, or immunization) (please circle one), to the following: State the complete name and mailing address to whom your transcript is to be sent below:

My PRINTED name as it was in high school – (maiden name for female):

Year of graduation or year you left LTHS: _____

Date-of-birth: _____

Telephone number: _____

Purpose (Employment/School/Other): _____

Your Signature: _____

When we receive your signed, written request, along with your money order for \$4.00, or confirmation of payment by e-pay, we will process it within 48 – 96 hours of receipt. If you have scanning capability, scan this release to: Pauline@lths.org.

If you'd like to pick-up your transcript, please call 815-588-8351 or 8354.

Thank you.