

MAINE TOWNSHIP HIGH SCHOOL WEST

1755 S. Wolf Road, Des Plaines, Illinois 60018-1994 847-827-6176 Fax: 847-296-4916

Mr. David J. Matkovic Associate Principal **Dr. Eileen McMahon** Assistant Principal Teaching and Learning Mr. John Aldworth
Assistant Principal for Students

Dr. Claudia Rueda-Alvarez
Assistant Principal for Student Services

RELEASE OF RECORDS

Date	e:				
To:	Registrar/Custodian of	Records: _			
Re:	Student Transfer	Name	e	/ Date of Birth	
the f	following items mailed	to our office o ask that u	at Maine West High School. ce as soon as possible. In o upon receipt of this request	rder to facilitate their	
 Official transcript (with explanation of your grading system) Completed Student Transfer Form (for students transferring within Illinois) Ninth grade physical exam All health and immunization records Test scores (Placement, ACT, PSAE and ESL if applicable) Attendance and Discipline Other: 					
Thar	nk you for your prompt	reply to ou	ur request.		
Stud	ent Services Departme	ent			

Parental permission is no longer required when records are requested by school personnel (Family Education Rights Act, Final Rule on Educational Records, Federal Register, June, 1976, Volume 41, Number 118, Page 24673)