



PERMISSION TO RELEASE INFORMATION FORM

Office of the Registrar
Illinois Community College District 525
1215 Houbolt Road
Joliet, IL 60431
(815) 729-9020

I, _____, hereby give Joliet Junior
College Coach _____ and Director of
Athletics Wayne L. King, Jr. in the _____ (term/year)
permission to review with and provide a copy of my academic
record (transcript of courses, grades, test scores) to 4-year
college/university coaches and compliance directors for the sport
of _____.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____