



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: _____