

School City of Hammond – Central Files

Consent for Release of Information

Signature Sheet

I hereby give consent for the SCH to release information about: _____
(Print Student's Name)

Student Phone Number: _____ Email: _____

Signature: _____ Date: _____

Transcript Fee \$5.00 (Cash or Money Order)
Health Records Fee \$1.00 per page (Cash or Money Order)
Money Order should be made out to: **School City of Hammond**

After completing and submitting the online form, please sign and return signature sheet along with fee to the following address: **School City of Hammond, Central Files, 41 Williams St., Hammond, IN 46320**

Upon receipt we will issue an official transcript or health record as requested.

Any questions, please call (219) 933-2400 ext. 1035 or 1039