

Request for Transcript / Records Release

The following information is necessary for release of transcript or student records.

Full name while attending high school _____

Current address _____

City _____ State _____ Zip Code _____

Social Security Number ____ - ____ - ____ Date of Birth _____

Year of graduation/"class" of _____ Phone Number (____) _____
Or grade level (for current student) _____

CONSENT FOR RECORD RELEASE

I hereby give permission for my High School Transcript Student Records

to be released to the following:

Check one of the following (√):

College/University Employer Self * Other, if other, what is the relationship?

* Photo ID required upon release

Release to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature

Date

FOR OFFICE USE ONLY:

OFFICIAL TRANSCRIPT UNOFFICIAL TRANSCRIPT

NUMBER OF COPIES: _____

STUDENT RECORDS

HAND CARRIED MAILED

SIGNATURE, TITLE

DATE