



REQUEST FOR PERMISSION TO RELEASE PERMANENT SCHOOL RECORD TO THIRD PARTY FOR POST-SECONDARY PLANS

In reference to the school records of: _____
Pupil's Name

School: _____ Expected Year of Graduation: _____

Date of Birth: . ____/____/____ Daytime Phone Number: (____) _____

Current Street Address

City State Zip

With the understanding that student records are of a confidential nature and may not be transferred to a third party without written consent of the parent. I do hereby grant permission for the following records to be released:

- | | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Academic Transcript | <input type="checkbox"/> SAT/ACT Scores (Official scores should be requested from the testing company) |
| <input type="checkbox"/> Standardized Test Data | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Education Reports | |

and that the records be forwarded to the names and addresses listed on the back of this form.

- | | |
|---------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> College/University | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Scholarship Agency or Provider | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Trade/Technical School | <input type="checkbox"/> Other _____ |

Signature of Parent/Guardian Date: ____/____/____

Note: Transcript Fee is \$4.00 per transcript.

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