

OF TRANSCRIPTS: _____

RELEASE OF TRANSCRIPT

STUDENT'S NAME: _____

DATE OF BIRTH: _____

DATE OF GRADUATION: _____

SEND TO: _____

ADDITIONAL ADDRESS(ES):

AUTHORIZED SIGNATURE OF STUDENT, IF OVER 18: _____

PARENT'S NAME: _____

AUTHORIZED SIGNATURE OF PARENT IF STUDENT IS UNDER 18:

DATE: _____