

RELEASE OF PERMANENT SCHOOL RECORDS CONSENT FORM

Will Pick Up On _____

Owes \$5 _____

Contacted _____

TODAY'S DATE _____

STUDENT NAME _____ DOB _____ PHONE NUMBER _____

GRADUATION YEAR/LAST DATE OF ATTENDANCE _____

PURPOSE (EMPLOYMENT/EDUCATION) _____

TRANSCRIPTS/RECORDS FORWARDED TO:
SCHOOL/ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

STUDENT/OTHER SIGNATURE _____