



RECORD RELEASE FORM

In order to forward a transcript or other school records to other schools, colleges, or prospective employers, we are required to obtain your written permission prior to complying with such requests.

I hereby consent to the release of a copy of the records of

Student's Name: _____

Last

First

Middle

Has the student ever been registered in school under another name? _____ Yes _____ No
IF YES, under what name?

Last

First

Middle

Student Social Security Number (optional): _____ - _____ - _____

Date of Birth

Transcript/Records to be sent to:

Any college, university or scholarship agency requested by student for the purpose of applying for admission or for scholarship application .

Name of Institution and/or Person

Address

Check Records to be Sent:

Transcript _____

GPA _____

Test Scores _____

*Signature of Student or Parent/Guardian

Date Requested

HTCHS Staff Signature

Date Mailed

Other School Records Requested—Specify:

*If student is under 18 years of age, parent signature is required.