

**AUTHORIZATION TO RELEASE TRANSCRIPT OF GRADES**

- OFFICIAL TRANSCRIPT**
- UNOFFICIAL TRANSCRIPT**

I hereby give permission to Creston High School to release the specified information to the designated parties regarding:

\_\_\_\_\_ (Student Name – Please Print) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Maiden Name – if different than above)

Year of Graduation or Attendance at Creston: \_\_\_\_\_

Checked box designates information approved for release. Identifying information (i.e., name, address, etc.) may accompany the designated information.

- Academic Record (subjects, grades, averages, etc.)
- Standardized Test Scores
- Enrollment and Attendance
- Other \_\_\_\_\_

**The above information may be released to the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_