SENIOR TRANSCRIPT RELEASE AUTHORIZATION 2014/2015

I AUTHORIZE:

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To release my transcript to any institution upon request for school year **2014/2015**

_____	_____	_____	**15**
Name	ID#	Phone #	Grad Yr

_____	_____	_____
Signature of Parent/Guardian	Date	Counselor

* In order to forward a transcript to schools, colleges, universities, scholarship organizations, and prospective employers, we are required to obtain your written permission to release transcripts.