

TRANSCRIPT RELEASE AUTHORIZATION:

I _____, authorize Phillips High School to release my transcript and/or test scores (ex: ACT, SAT, Accuplacer) to:

Check all that apply:

_____ Colleges or Universities

_____ Tech Schools

_____ Employers

_____ Military Personnel

_____ Scholarships

Parent Signature: _____

Student Signature: _____

Dated: _____

Class of: _____

Office use only:

Date requested: _____

Date sent or faxed: _____