



Parent/Student Authorization to Release Educational Records

Student Name _____
(Last) (First) (Middle)

Address _____
(Street) (City/State) (Zip Code)

Grade _____ Phone Number _____ DOB _____

Date of Withdrawal or Graduation _____

I hereby authorize Heritage High School to send a transcript of the educational records of the above named student to the following:

(Name of School, Business, or Individual)

(Street Address)

(City) (State) (Zip Code)

I understand that SAT I/II or ACT scores will **NOT** be sent from the school with my transcript packet. It is my responsibility to have them OFFICIALLY sent to each college by the College Board or ACT.

Signature _____ Date _____
(Parent's Signature or Student's Signature if 18 years of age)

