

Monroeville High School – Transcript Request Release

The Family Educational Rights and Privacy Act states that there must be written consent of the parents or student (18 years or older) in order to release school records.

Name _____

Maiden Name (if applicable) _____

Address _____

Date of Birth _____

City/State _____

Year of Graduation _____

Telephone Number _____

Date of Request _____

Please choose from the following options:

_____ I hereby authorize the release of my records to any educational institution per verbal or written request. This includes a verbal request from the student (less than 18 years of age).

_____ I hereby authorize the release of my records only to the following:

Information to be released: Check ALL that apply.

- _____ Transcript
- _____ ACT and/or SAT Test Scores
- _____ Psychological Testing
- _____ IEP/MFE/ETR

Parent Signature (only if student is less than 18 years old)

Student Signature

.....Office Use Only.....

Date mailed _____

