Transcript Release Form

In accordance with Federal Privacy Rights of parents and students, the following signed consent is necessary in order for Oxford Area School District to release student information. The undersigned hereby consents to the release of all education records about the student, (identifying data, birth date, academic work completed, level of achievement, grades, standardized scores and attendance data); recommendations, and such other information as may be requested.

I _____ (Parent or Guardian) authorize the high school counselors to release information regarding

_____

Student name birth date Yr. of Grad.

_____

Institution or Scholarship Program Name

_____

Institution or Scholarship Street Address

_____

City State Zip Code

NOTES TO COUNSELOR:

_____

_____ _____

Parent Signature (if student is under 18 years old) Date

_____ _____

Student Signature Date

Applications and transcript requests must be turned in to the guidance office at least 2 weeks before the application deadline!

For office use only:
Date Rec'd: _____
Date Sent: _____
Counselor Initials:
_____