

# Request for Academic Transcripts



Date \_\_\_\_\_

To: Releasing School Counselor

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

Dear Counselor,

I hereby give you permission to release cumulative data, transcript, health records, psychological tests, and other educational information.

\_\_\_\_\_  
Date Parent/Guardian

Student's Names	DOB	Age	Grade at withdrawal
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_____			
_____			