

THORNAPPLE KELLOGG SCHOOLS
STUDENT RECORD RELEASE FORM

Student _____ Age _____

Address _____ Grade _____
/DOB _____

_____ Phone _____

IF A STUDENT IS 18 YEARS OF AGE OR OVER, ONLY THE STUDENT MAY CONSENT TO RELEASE OF RECORDS. IF THE STUDENT IS UNDER 18, ONLY THE PARENT OR GUARDIAN OF THE STUDENT MAY CONSENT TO RELEASE RECORDS.

Information to be released:

_____ Student Transcript _____ Other (specify) _____

I authorize the release of the above listed records to the following colleges or agencies. I understand I have a right to review these records prior to their release and contest any information contained in the records.

_____ Date

_____ Signature (authorized parent/guardian or student)

Colleges or agencies you wish to send your records to:

1. _____

2. _____

3. _____

4. _____