## PLATTE COUNTY RIII HIGH SCHOOL TRANSCRIPT RELEASE FORM

NAME	DATE OF BIRTH		
SOCIAL SECURITY # (optional)			
AUTHORIZATION S I authorize Platte County RIII High School to release	STATEMENT AND SIGNATURE se information to the school or individua	l named.	
Date			
Parent / Guardian(Parent / Guardian must sign if student	is under 18 years of age)		
Student Signature			
Please send my transcript to:	Date of Request	Date Sent	Signature
College:			
Address:			
City/State/Zip	FO	R OFFICI	
Comments:		ONLY	
Please send my transcript to:	Date of Request	Date Sent	Signature
College:	•		
Address:	FC FC	OR OFFIC	TE LISE
City/State/Zip	10	ONL	
Comments:		l	
Please send my transcript to:	Date of Request	Date Sent	Signature
College:			
Address:	FO	R OFFICI	EUSE
City/State/Zip		ONLY	
Comments:		I	
Please send my transcript to:	Date of Request	Date Sent	Signature
College:			
Address:			
City/State/Zip	FO	R OFFICI	
Comments:		ONLY	