

PLATTE COUNTY RIII HIGH SCHOOL TRANSCRIPT RELEASE FORM

NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY # (optional) _____

AUTHORIZATION STATEMENT AND SIGNATURE

I authorize Platte County RIII High School to release information to the school or individual 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			
Comments:			

FOR OFFICE USE
ONLY

Please send my transcript to:

	Date of Request	Date Sent	Signature
College:			
Address:			
City/State/Zip			
Comments:			

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ONLY