

TRANSCRIPT RELEASE FORM

EASTERN YORK HIGH SCHOOL
COUNSELING DEPARTMENT
P. O. BOX 2002
WRIGHTSVILLE, PA 17368
PH: 717-252-1551 FAX: 717-252-0529
EXT'S. 60520 or 60906

I hereby authorize Eastern York High School to release information concerning:

_____	_____
Full legal name of student	Date of Birth
_____	_____
Address	Phone
_____	_____ / _____
City	State Zip
_____	_____
Maiden name if applicable	Year of Graduation

A check in this box indicates that I give permission to send a transcript, etc. to any school, scholarship, or place of employment that I request.

*INCLUDE MOST RECENT PSSA SCORES: YES NO

Transcript to be released to the following College(s)/Scholarship(s):

***Complete this section only if you have already sent your application.
For future requests, use transcript request form available in the guidance office.**

*Select the SAT Score Dates you would like to include on your transcript. _____

I understand that the recipient of the record(s) will use the material for legitimate purposes only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent except under authority of Public Law 93-380. Educational Rights and Privacy Act.

Signature of Parent/Legal Guardian or Student, if 18 or older Date