

Transcript Release Form

In accordance with Federal Privacy Rights of parents and students, the following signed consent is necessary in order for Oxford Area School District to release student information. The undersigned hereby consents to the release of all education records about the student, (identifying data, birth date, academic work completed, level of achievement, grades, standardized scores and attendance data); recommendations, and such other information as may be requested.

I _____ (Parent or Guardian) authorize the high school counselors to release information regarding

Student name

birth date

Yr. of Grad.

Institution or Scholarship Program Name

Institution or Scholarship Street Address

City

State

Zip Code

How did you apply? Directly to Institution Comm App

CIRCLE ONE: PICK UP NAVIANCE

NOTES TO COUNSELOR:

Parent Signature (if student is under 18 years old)

Date

Student Signature

Date

Phone number where you can be reached _____

Applications and transcript requests must be turned in to the guidance office at least 2 weeks before the application deadline!

For office use only:

Date Rec'd: _____

Date Sent: _____

Counselor Initials: _____

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