

Patrick E. Colucci, Sr., Superintendent Jamie Davis, Treasurer

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Edgewood High School Guidance Office

<u>AUTHORIZATION TO GIVE INFORMATION FROM STUDENT RECORDS</u>

EDGEWOOD GRADUATE

| I,(PRINT NAME) | , a (YEAR OF GRADUATION) | GRADUATE of |
|---|-----------------------------|-----------------------------|
| (PRINT NAME) | (YEAR OF GRADUATION) | |
| Edgewood High School, | | |
| authorize you to release my high so | chool transcript to: | |
| (Name of Educational Institution OR Employer) | | |
| (Address) | | |
| (City, State, Zip) | | |
| The reason for the request is | | |
| If you would like an email confirn provide an email address here: _ | - | |
| (Date) | CURRENT NAME – PLEASE | E PRINT |
| | NAME AT TIME OF GRADUA | ATION – <i>PLEASE PRINT</i> |
| | (Signature) | |

Board Members: Mary Wisnyai (P) • Shannon Pike (VP) • David Tredente • Gregory Kocjancic • Tina Stasiewski

*Please note that official transcripts are not sent to home addresses. Information is verified prior to

processing.