



Edgewood High School Guidance Office

AUTHORIZATION TO GIVE INFORMATION FROM STUDENT RECORDS

EDGEWOOD GRADUATE

I, _____, a _____ GRADUATE of
(PRINT NAME) (YEAR OF GRADUATION)

Edgewood High School,

authorize you to release my high school transcript to:

(Name of Educational Institution OR Employer) _____

(Address) _____

(City, State, Zip) _____

The reason for the request is _____

If you would like an email confirmation when the request has been completed, please provide an email address here: _____

(Date)

CURRENT NAME – PLEASE PRINT

NAME AT TIME OF GRADUATION – PLEASE PRINT

(Signature)

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