



Archbold High School Student Transcript Release Form

Please complete this form to request that school records be forwarded to an outside entity. State law requires that pupil records cannot be released without the written consent of a parent, guardian, or adult student. For security purposes, a representative from Archbold High School East may contact you to verify your identity.

Important Notification: Any other organizations, agencies, and persons from outside the school will have to secure written authorization for the release of such transcripts. A photocopy of this authorization shall be considered as effective and as valid as the original. In order to insure the integrity of Archbold High School's permanent records, we will not release "official" transcripts directly to students or parents/guardians. If there are extenuating circumstances, the official transcript will be provided in a sealed envelope with a school official's signature across the back flap.

Student: _____ Maiden Name: _____
Date Requested: ____/____/____ Date of Birth: ____/____/____
Year of Graduation: _____ Primary Phone: (____) ____-____
Email: _____ Date Required: ____/____/____

I have read the above statement and, pursuant to the law, I hereby authorize the release of a copy of the school transcript to the following entity named below:

Entity Name: _____
Email: _____ Fax #: _____
Street Address: _____
City: _____ State: _____ ZIP: _____

Purpose: _____ Post Secondary College/School _____ Prospective Employer
_____ College Athletic Department _____ Armed Forces
_____ Scholarship _____ Other High School (transfer)
_____ Other (state purpose) _____

Student Signature: _____ Date: _____

If under the age of 18, a parent/guardian signature is required to release a transcript.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Received By: _____ Date Processed: _____