



TRANSCRIPT RELEASE FORM FOR FORMER STUDENTS

Bexley High School

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To Applicant: In compliance with the Family Education Rights and Privacy Acts, no information may be released without the proper authorization. Before any records may be released, please complete the following:

DATE: _____

NAME: _____ (LAST) (FIRST) (MIDDLE) (MAIDEN, if applicable)

CURRENT ADDRESS: _____ BIRTHDATE: _____

TELEPHONE: (____) _____

EMAIL: _____

YEAR AND MONTH OF GRADUATION _____ OR YEAR AND MONTH OF WITHDRAWAL _____

PLEASE RELEASE THE TRANSCRIPT TO: _____ (ZIPCODE)

SIGNATURE: _____

If applicant is younger than 18 years of age, this release must be signed by a parent or guardian. If applicant is 18 years of age or older, this release must be signed by the applicant.

DATE: _____

OFFICE USE ONLY: DATE SENT:

DIRECTIONS FOR SUBMITTING TRANSCRIPT RELEASE FORMS

- 1. This form must be properly completed.
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