

Fort Chiswell High School
#1 Pioneer Trail
Max Meadows, VA 24360
Fax: (276)637-6316
Phone: (276)637-3711

AUTHORIZATION TO RELEASE TRANSCRIPT TO OUTSIDE AGENCIES

Last Name	First Name	Middle/Maiden	DOB
-----------	------------	---------------	-----

Street Address

City	State	Zip Code	Phone
------	-------	----------	-------

GED or High School Diploma

Today's Date	Year of Graduation	Circle one
--------------	--------------------	------------

Authorization is granted to Fort Chiswell High School to release educational records to the following:

College/Agency	Address
----------------	---------

1. _____

2. _____

3. _____

4. _____

By signing, I verify that I am the above-named student or have custody of the student.

Signature

OFFICE USE ONLY

Date Processed: _____

Processed by: _____