# Release of Transcript

In compliance with the Family Rights and Privacy Act of 1974 and being legally responsible for_____ (Student Name),

I, _____ (Parent/Guardian Name), give permission for St. Vincent - St. Mary High School to release school records consisting of:

- ✓ Student Name
- ✓ Date of Birth
- ✓ Transcript of Grades
- ✓ Credits Earned
- ✓ Attendance Record
- ✓ Standardized Test Scores
- ✓ Name of Parent/Guardian
- ✓ End of Course Assessment Scores
- ✓ Any College Placement Scores
- ✓ Any other relevant information required/requested by the college or university

I understand that these school records will be sent upon request during/for the 2019-2020 school year.

I also give the following schools permission to release my student's ID number, credit(s) earned, and grade(s) earned to St. Vincent - St. Mary High School

_____ Stark State College
_____ University of Akron
_____ Kent State University: Main and/or Stark Campus
_____ Other (list college/university: _____

_____

Student Signature Date

_____

Parent/Guardian Signature Date