



## TRANSCRIPT RELEASE FORM

### FEES:

STUDENTS (CURRENTLY ENROLLED)	\$5.00
FORMER STUDENTS	\$7.00

FULL NAME (during attendance) \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

#### SCHOOL ATTENDED:

<input type="checkbox"/> SELMA HIGH	<input type="checkbox"/> HUDSON HIGH
<input type="checkbox"/> PARRISH HIGH	<input type="checkbox"/> KNOX ACADEMY

Did You Graduate?  Yes  No      Date of Graduation \_\_\_\_\_

#### NAME AND COMPLETE ADDRESS WHERE TRANSCRIPT IS TO BE MAILED:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

If the records are mailed to your home, they are unofficial.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE