



Release of Records for Athletics Recruitment

I, _____, give St Joseph High School permission to release my academic transcript, schedule, and other academic information to college/university coaches that submit a request asking for such information.

I acknowledge that I can revoke this agreement at any time by submitting a request in writing to the Registrar's office.

Student signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

**This agreement is valid for one (1) academic year only. Students will need to resign a new release each year.
A copy of this form will be kept on file in the Athletics Office and the Registrar's Office.**