

Transcript Release Authorization

To comply with the Family Educational Rights and Privacy Acts of 1974, the school requires documented permission to release educational records to other public or private schools in which the student seeks to enroll.

First and Last Names

Graduation Year

School to which transcript is to be release

Mailing Address

School Phone Number

I hereby authorize representatives of Antilles School to release transcripts, records and reports from standardized testing and high school disciplinary records to the school noted above. I authorize the School Registrar and Counselor at Antilles School to communicate with the above noted school by telephone, fax transmission, E-mail to release information about my child.

Student Signature
(if over 18 years of age)

Date

Parent Signature

Date