

## AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Name of Student (when attending): \_\_\_\_\_

Current Name of Student (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Graduated: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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**Permission is given to release the following school records:**

- \_\_\_\_ Transcript of Grades
- \_\_\_\_ Immunization Record
- \_\_\_\_ Other (Specify) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Student (if 18 years of age or older) or Parent/Guardian (if student is under 18 y.o.)**

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**Information should be forwarded to:**

**Student: (Any documents sent directly from VCS to the student are considered UNOFFICIAL)**

\_\_\_\_ emailed to: \_\_\_\_\_

\_\_\_\_ mailed to: \_\_\_\_\_

\_\_\_\_ picked up in person (Operations Building on Lane Road – *by appointment only*)

**School/Employer/Etc.: (Any documents sent directly from VCS to the School/Employer/Etc. are considered OFFICIAL. This is usually what is required by Schools and Employers)**

**School/Employer/Agency/Etc.:** \_\_\_\_\_

\_\_\_\_ emailed to: \_\_\_\_\_

\_\_\_\_ mailed to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_