

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: _____

Permission is given to release the following school records:

____ Transcript of Grades

____ Other (Specify) _____

Signature: _____ **Date** _____

Student (if 18 years of age or older) or Parent/Guardian (if student is under 18 y.o.)

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: _____