

COUNCIL ROCK HIGH SCHOOL SOUTH
2002 Rock Way
Holland, Pennsylvania 18966
215-944-1106
Fax: 215-944-1148

AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete and sign this form so that we may properly release your records:

PRINT NAME _____ DATE: _____
(Maiden)
BIRTH DATE: _____ GRADUATION: Month: _____ Year _____
ADDRESS: _____ EMAIL ADDRESS: _____
TELEPHONE # _____

SEND TO: 4-YEAR COLLEGE _____ 2-YEAR COLLEGE _____
OTHER _____

NAME OF INSTITUTION: _____
ADDRESS: _____

RECORDS REQUESTED: FINAL TRANSCRIPT _____ (\$2.00 transcript fee payable to CRSD)
EDUCATIONAL _____
HEALTH _____
PSYCHOLOGICAL _____
OTHER _____

I hereby give permission to Council Rock School District to release information from my permanent record in compliance with the above request.

Signature

For Office Use Only

Date Sent	
VIA	
Amount Paid	