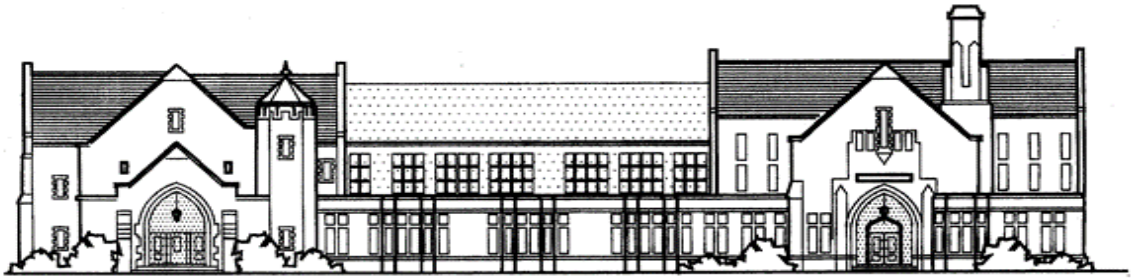

RYE HIGH SCHOOL

One Parsons Street
Rye, New York 10580
914-967-6100, ext 2060, 2061

I hereby give permission to Rye High School to release school records for the person named below. Please include your maiden name if applicable.

Student Name: _____
(please print)

DOB:_____

Year of Graduation:_____ **Dates Attended:**_____

Please send transcript to (complete name & address or email):

_____

_____

_____

_____ _____
Signature of Student (or parent if student is under 18) **Date**

****If student is over the age of 18 or attending college, this form must be signed by the student. ****

This form may be mailed to the Counseling Office or emailed to:
Galletta.Anne@ryeschools.org or Zapakin.Debra@ryeschools.org

***Official transcripts may only be sent to schools/universities or institutions. Unofficial transcripts are provided to students and/or families.**