

LEGACY HIGH SCHOOL

AUTHORIZATION FOR RELEASE OF TRANSCRIPT INFORMATION

STUDENT'S NAME _____ **DOB** _____

I hereby authorize the Bismarck Public School District to release my school records, including test scores.

STUDENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____

(If student is under 18 years of age)

GRADUATION YEAR OR LAST YEAR OF ATTENDANCE _____

CURRENT ADDRESS _____ **PHONE** _____

_____ **PHONE** _____

SEND TRANSCRIPT TO: _____

Advance payment of \$2.00 per transcript is required. *(n/c for Dual Credit, Scholarships, and NCAA)*

Fee waiver available for students on free/reduced lunch. See your counselor for approval.

If you need this transcript for a scholarship, do you need an: ___ **Official Copy** ___ **Unofficial Copy**

(An official copy is embossed and mailed in a sealed envelope; an unofficial copy is a copy issued to you.)