

Revised: 7/18

FARGO PUBLIC SCHOOLS RELEASE OF SCHOOL RECORDS TO POST-HIGH SCHOOL INSTITUTIONS

I hereby authorize Fargo Public Schools to provide _____, (name of institution) located at _____, with a copy of the school transcript for: (address of institution)

FULL NAME MAIDEN NAME

DATE OF BIRTH

LAST PUBLIC SCHOOL ATTENDED DATE LAST ATTENDED

I am aware that this transcript is available for my inspection at any time and that I may receive a copy upon request. Please note: a \$5.00 fee per copy will apply.

SIGNATURE DATE

RELATIONSHIP EMAIL ADDRESS PHONE NUMBER

Fargo Public Schools Student Records 700 7th Street South Fargo, ND 58103

DATE MAILED _____

NOTICE: WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC FUNDS TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION. WHEN WE USE INFORMATION FROM YOUR CHECK TO MAKE AN ELECTRONIC FUNDS TRANSFER, FUNDS MAY BE WITHDRAWN FROM YOUR ACCOUNT AS SOON AS THE SAME DAY WE RECEIVE YOUR PAYMENT AND YOU WILL NOT RECEIVE YOUR CHECK BACK FROM YOUR FINANCIAL INSTITUTION. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT STUDENT RECORDS AT 701-446-1025

FOR OFFICE USE ONLY: PAYMENT RECEIVED _____ DATE OF PAYMENT _____ DATE MAILED _____