

CAMP HILL HIGH SCHOOL
100 South 24th Street
Camp Hill, PA. 17011
717-901-2500
Fax: 717-901-2569

**STUDENT/PARENT AUTHORIZATION FOR RELEASE
OF HIGH SCHOOL TRANSCRIPT**
(Students under 18 years of age)

I/We hereby give permission for _____ to
(Student Name)
submit transcript requests to the Counseling Center for handling.

- I/We authorize the release of the transcript and other relevant school records to the colleges and universities to which the student applies.
- I/We understand that it is the policy of Camp Hill High School to inform colleges of serious disciplinary matters (i.e. those resulting in probation, out-of-school suspension, or dismissal), and I/we authorize the release of that information.
- The student acknowledges his/her obligation to be honest with their college counselor and with the colleges to which they are applying.

It is my/our understanding that this is *confidential* information and will only be directed per the student's instructions.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student's Name: _____

Student's Signature: _____

Address: _____

Date: _____