

BERMUDIAN SPRINGS HIGH SCHOOL
7335 CARLISLE PIKE
YORK SPRINGS, PA 17372
Telephone: (717) 528-4113 x2732

TRANSCRIPT RELEASE REQUEST

_____

Student's Name
(Include maiden name if married)

_____

Date of Birth

_____

Year of Graduation

I give permission for Bermudian Springs High School to release information from the above-named student's school records to the following:

(Check if applicable)

Name of School/University Scholarship or Other	***Application submitted on-line***	***Send SAT scores with transcript***	***Do NOT send SAT scores with transcript***
1.			
2.			
3.			
4.			
5.			

[The list continues on the back of the release form. →]

I understand that this information may include the following: academic grades; credits earned; class rank; grade point average; test scores; extracurricular activities; psychological reports; special education records; teacher, counselor, and administrative recommendations. By signing this release form, I absolve the Bermudian Springs School District, its directors, agents, and employees from any responsibility through this authorized disclosure. Unless otherwise specified, this release is valid for a period of one year.

Student's Signature:_____

Parent's Signature: _____
(Required if student is under 18 years of age)

Address: _____

_____
(NOTE: Former graduates should include a daytime telephone number.)

Date: _____

❖ *Please allow a minimum of **ONE WEEK** for the processing and mailing of transcript requests.*

(Check if applicable)

Name of School/University Scholarship or Other	***Application submitted on-line***	***Send SAT scores with transcript***	***Do NOT send SAT scores with transcript***
6.			
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