

Rogers High School

2300 S. Dixieland Road, Rogers, Arkansas 72758 · Phone: 479-636-2202 · Fax: 479-337-8302

Lisa Williams, Principal
Ronnie Delk, Athletic Director/Assistant Principal
Steve Hookfin, Assistant Principal

Sarah Raymond, Assistant Principal
Lynsey Reynolds, Assistant Principal
Tricia Tice, Assistant Principal

RECORDS RELEASE AUTHORIZATION

NAME: _____ **ID:** _____

GRADUATION YEAR: _____ **DOB:** _____

Records Release Authorization (as required by Public Law 93-380)

Parent or Guardian printed name:

I hereby authorize Rogers High School to release the transcript (official or unofficial) or other documents as requested including, but not limited to, grades, test scores, immunizations and identifying data as shown on the permanent records of the student named above.

A transcript may also be provided to me or my student upon request. All records released to students and parents/guardians are considered unofficial.

This records release is valid through the student's graduation date unless it is revoked.

By signing this form, I certify that I am authorized to request these records and that the information provided is accurate.

IF STUDENT IS 18 OR OVER:

Student Signature

Date

IF STUDENT IS NOT 18:

Parent Signature

Date

Home of the Mounties

