



AUTHORIZATION FORM FOR THE RELEASE OF SCHOOL RECORDS

Legal First Name Legal Middle Name Legal Last Name

If your name has changed, please provide the name used while attending RPCS.

Email Address Phone Number

Year Graduated: _____

Grade Enrolled at RPCS: _____

Year Withdrew: _____

Last Grade Attended: _____

School records to include (please check):

- Official Transcript
- Report Cards
- Health Records
- Educational Testing
- Other: _____

School records requested for (please check):

- College
- Scholarship
- Employment
- Military
- Other: _____

Please send the document(s) to:

Institution Name or Point of Contact

Email Address

Street City State Zip Code

I authorize the Registrar's Office to release electronic or paper copies of my school records to the requested recipient.

Signature of Student/Alumna or Legal Parent/Guardian Date

Please allow 5 business days for processing. Email the completed request form to the Registrar's Office at HewlingsE@rpcs.org and FeiringK@rpcs.org.