



CONSENT FOR STUDENT RECORD RELEASE

Student Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____

Age: _____ Graduation Year/Leave Date: _____ Maiden Name: _____

GCHS is authorized to release the records listed below for the above-named student to:

- I will be picking up documents myself
- I authorize to release records for the above-named student to:

Name: _____

Address: _____

Email: _____

Specific data to be released:

- Transcript
- All personally-identifiable data on file
- The following records only (please specify):

Reason for request:

- College Entry
- Insurance
- To aid in present and future educational decisions
- Employment/Work
- Other: _____

Signature of Student or Parent/Guardian (Student must be at least 18)

Date

Please return form to tsolgere@greensburg.k12.in.us

FOR OFFICE USE ONLY:

Date Data Released: _____ By: _____

Data Copies Mailed: _____ By: _____

Form updated 11/2024