

Full Name			
	Last	First	Middle
I do hereby authorize	• •	ecords as an official transcript to: o send ACT scores if you had them sent by ACT)	
1)		Include ACT scores	yes
2)		Include ACT scores	yes
Student's Signature	e	Date	_
Parent's Signature		Date	_
	(Required if student	t is less than 18 years of age)	
	Parent initial i	f your permission extends to all future transcript requ	ests
	Springfield High Scho	equest for Official Transcript ool   5240 Hwy 76 – East Springfield, TN 37172	
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