

HOLLAND PATENT CENTRAL SCHOOL DISTRICT

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Holland Patent
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Transportation Supervisor
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Cafeteria Director
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Date _____

To whom it may concern:

I do hereby authorize the school authorities of Holland Patent Central School to secure a transcript of grades, health records, Psychological, IEP, achievement testing, and any other pertinent information and grades in progress up to the date of withdrawal, from

(Name of School)

(Street Address)

(City)

(State & Zip)

(Name of Student)

Signed _____
(Parent or Guardian)

Witness _____