



Friends School

BALTIMORE • 1784

AUTHORIZATION TO RELEASE OFFICIAL TRANSCRIPT

Legal First Name

Legal Middle Name

Legal Last Name

If your name has changed, please provide the name used while attending Friends School:

Address

City/State/Zip

Phone

Date of Birth

Year Graduated: _____ Graduation Date: _____

Year Withdrawn: _____ Last Grade Attended: _____

Please mail (or email) the transcripts to:

Institution Name: _____

Address: _____

Transcript requested for (please check): college scholarship employment military personal use

Note: The third party that requested your transcript may require that it be issued directly to them or to you in a sealed envelope and given to them with the seal unbroken. Opening the envelope will render the transcript invalid or unofficial for many reasons such as admission to college, military and employment purposes. Please order two transcripts if you need a copy for personal use.

Authorization Notification: As the individual about whom this information is being requested, I hereby authorize Friends School of Baltimore to release information concerning my records. I understand that the recipient of the records(s) will use said document(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

Signature of Student or Parent/Guardian

Date

Please allow 8-10 business days for processing.

Mail completed request form to US Registrar, 5114 N. Charles St., Baltimore MD 21210

or

Email completed request form to usregistrar@friendsbalt.org

FOR OFFICE USE ONLY: Business Office Check	Date Sent	Notes:
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