CAMP HILL HIGH SCHOOL
100 South 24th Street
Camp Hill, PA. 17011
717-901-2500
Fax: 717-901-2569

STUDENT/PARENT AUTHORIZATION FOR RELEASE OF HIGH SCHOOL TRANSCRIPT

(Students under 18 years of age)

I/We hereby give permission for _____to
(Student Name)

submit transcript requests to the Counseling Center for handling.

- I/We authorize the release of the transcript and other relevant school records to the colleges and universities to which the student applies. Please note that disciplinary records are not part of the transcript request. Students and/or parents or guardians must sign a release slip in order for disciplinary records to be sent to agencies requesting.

- The student acknowledges his/her obligation to be honest with their college counselor and with the colleges to which they are applying.

It is my/our understanding that this is ***confidential*** information and will only be directed per the student's instructions.

Parent/Guardian Name:_____

Parent/Guardian Signature:_____

Student's Name: __ _____

Student's Signature: _____

Address: _____

_____

Date: _____