

ORCHARD PARK HIGH SCHOOL

Authorization for Release of Student Information

DATE: _____ YEAR GRADUATED: _____ YEAR LEFT: _____

I, _____ DOB: _____
(PLEASE PRINT MAIDEN NAME)

Authorize the Registrar's Office at Orchard Park High School to release my records as follows:

- ___ Unofficial Transcript (all transcripts sent to student)
- ___ Official Transcript (must be sent to school or employer)
- ___ Immunization Record
- ___ Other (Please specify) _____

Signature

Telephone Number

NAME AND ADDRESS OF

PLACE TO SEND RECORDS:

