

Grassfield High School Transcripts/Records Release Form

(Forms should be returned to the Athletic Director)

Students Name _____ Date _____

Address _____

Street

City

State

Zip Code

Home Phone _____ Cell Phone _____

Year of Graduation _____

I hereby grant permission to the Grassfield High School Guidance and Athletic Departments to release my son's/daughter's academic records to any and all institutions for recruiting purposes. This may include and is not limited to official or unofficial transcripts, class rank, and cumulative grade point average (GPA). I understand that if there are any specific institutions that I **do not** wish to receive my son's/daughter's records I must inform the Grassfield High School Guidance and Athletic Departments in writing.

Parent Signature _____

I hereby grant permission to the Grassfield High School Guidance and Athletic Departments to release my academic records to any and all institutions for recruiting purposes. This may include and is not limited to official or unofficial transcripts, class rank, and cumulative grade point average (GPA). I understand that if there are any specific institutions that I **do not** wish to receive my records I must inform the Grassfield High School Guidance and Athletic Departments in writing.

Student Signature _____



