

RECORD RELEASE CONSENT FORM

If you graduated in the last 3 years, please contact your high school

In order for PPS to release your school records, we need your signature authorizing us to do so.

Please complete this form. Email, mail or fax the completed form to the contact information at the bottom of the page.

Please allow ten (10) business days upon receipt of request for response.

Last Name _____ First Name _____ Middle Initial _____

Maiden name if applies: _____ D.O.B. _____ Current phone # _____

Current address: _____
(Street, City, State, Zip)

Email: _____

High School Attended: (check one)

Central High Northern High Community High

High School Status: (check one)

Graduated Transferred Dropped

Last year attended: _____
(month/year)

NOTE: If you dropped from PPS and continued your educational career in a different district, that district will have your final and complete transcript. Please contact them.

I, being legal control/authority over access to the educational records of the above named, do hereby grant consent to the Portage Public Schools to release my high school transcript.

Signature _____ Date: _____

_____ Please send an official copy of my transcript to the address, fax number, or email address listed below:

_____ Please provide me with an unofficial copy of the transcript at current address.

Send Completed form to:

- **Email:** Community Relations Office at transcripts@portageps.org
- **Mail:** Portage Public Schools, Community Relations Office, 8107 Mustang Drive, Portage, MI 49002
- **Fax:** 269-323-5001