

RECORD RELEASE CONSENT FORM

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

Please print out and complete this form. Fax, mail, or email the completed form to the contact information at the bottom of the page.

Please allow five (5) 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)

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 high school 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 transcripts.

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:

- **Mail:** Portage Public Schools, Administration Building, 8111 S. Westnedge, Portage, MI 49002
- **Fax:** 269-323-5001
- **Email:** Molli Templin at mtemplin@portageps.org

Attention Alumni! Check out *The Portage Connection*, the PPS alumni electronic magazine. Click [here](#).