

PORTAGE PUBLIC SCHOOLS -- RECORD RELEASE CONSENT FORM

To avoid delays, fill out this form **completely** and **clearly** including the signature and date at the bottom.
Allow five (5) business days upon receipt of request for response.

D.O.B. _____ Current phone # _____

Last Name _____ First Name _____ Middle Initial _____

Maiden name if applies: _____

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.

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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 listed below:

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