



SPARTANBURG HIGH SCHOOL

500 Dupre Drive, Spartanburg, SC 29307 (864) 594-4410 fax (864) 594-6142

AUTHORIZATION TO RELEASE RECORDS - FORMER STUDENT

I hereby authorize Spartanburg High School to release the records of:

Name _____

(including maiden name)

Date of Birth _____ Did you graduate? _____ If **yes**, when? _____

If **no**, last date of attendance _____ Last grade completed _____

Last Spartanburg District 7 school attended _____

To: Full address of college, technical college, or institution to whom you want this record sent:

I do not give I give permission to Spartanburg High School to release my **SAT/ACT scores** to any college, university, scholarship or other program as part of my transcript.

I do not give I give permission to Spartanburg High School to release my **Advanced Placement scores** to any college, university, scholarship or other program as part of my transcript.

Signed _____

Signature of former student (or parent)

Current Address _____

Telephone number _____

There is a charge of \$5.00 for **each** transcript processed for students not currently enrolled. Complete this form and mail with \$5.00 for **each** transcript requested to the address above
Attn: Records Office.