



WAKE COUNTY PUBLIC SCHOOL SYSTEM

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize school officials to send official student records/transcript for the following student.

Name of School _____
Name of Student _____ Grade _____
Date of Birth _____ Age _____
Year of Graduation _____ Or Last Year of Attendance _____

SEND RECORD TO THE FOLLOWING SCHOOLS, AGENCIES OR INDIVIDUALS:

Table with 4 columns: Name, (Free)*, Complete Address, Date Sent. Includes a note: Free copies are only for students currently enrolled in Wake County Schools.

Student Signature - 18 years or Older _____ Date _____ Parent Signature, required if student is not yet 18 years _____ Date _____

I hereby additionally authorize school officials to release any Psychological and/or Health data that may exist regarding the above named student.

Date _____ Signature of Parent, Guardian, or Student Over 18 _____