



TO THE Edgewood High School Guidance Office

AUTHORIZATION TO GIVE INFORMATION FROM STUDENT RECORDS

FOR AN EDGEWOOD HIGH SCHOOL GRADUATE

NAME AT TIME OF GRADUATION: _____

DATE OF BIRTH _____ DATE OF GRADUATION _____

I, _____, a Graduate of Edgewood High School, authorize you to release my high school transcript to:

Name of Educational Institution OR Employer _____

(Address) _____

(City, State, Zip) _____

Institution's Email Address _____

Contact's Name and Phone Number for verification purposes. _____

The reason for this request is _____

If you would like an email confirmation when the request has been completed, please provide

an email address here: _____

_____ (Date)

_____ CURRENT NAME – PLEASE PRINT

_____ SIGNATURE

***Please note that official transcripts are not sent to home addresses. Information is verified prior to processing.**