



BUCKEYE
LOCAL SCHOOL DISTRICT
A S H T A B U L A , O H I O

Patrick E. Colucci, Sr., Superintendent
Kassandra Brand, Treasurer

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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.**