

# RELEASE OF RECORDS

**SOUTH RIVER HIGH SCHOOL**  
**Telephone: (410) 956-5600 • (Fax) (410) 798-4139**



- Transcript:** Includes up-to-date subject grade performance through high school.  
**Cost:** The transcripts cost \$2.00 each.  
**Time:** Please allow three days to process a transcript request.  
If you are requesting a counselor recommendation, allow up to ten working days.

I, the undersigned, hereby give South River High School permission to release the records of:

\_\_\_\_\_

(Print Student's Name Clearly or Name While in School)

\_\_\_\_\_

Year of Graduation

to post-secondary educational institutions, prospective employers or for scholarships upon request of the student. Counselors reserve the right of confidentiality for all recommendations.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



A parent **must** provide consent for any student who has not reached the age of eighteen.

A student who is already eighteen or older may sign for release of his/her own records.

One release form will suffice for release of pertinent school records to all post-secondary education institutions and to prospective employers for the entire senior year.

**NO** records will be sent anywhere without completion of this form.

**Please return this form to the School Registrar in the Counseling Office.**