

AVON HIGH SCHOOL

PERMISSION TO RELEASE INFORMATION

Student Name: _____
Student Number: _____ Grade: _____
Current Address: _____
City, State, Zip: _____

My signature authorizes the release of transcripts, test scores and grade reports to academic institutions and scholarship committees and remains in effect until the graduation or withdrawal of the named student.

Parent/Student signature
(Parent signature required if student is not 18)

Date