

## **FINAL TRANSCRIPT RELEASE FORM**

*Student's Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***Future Plans:***  
*(check one)*

***College Major:*** \_\_\_\_\_

- \_\_\_ College
- \_\_\_ Post-secondary school
- \_\_\_ Full-time employment
- \_\_\_ Military
- \_\_\_ Undecided

I hereby give my permission to Kingsway Regional High School to release my academic and medical records to any post secondary institutions, employers or government agencies from May 15, 2010 to December 31, 2010. Please be advised that this information regarding your status may be used in press articles. Your accuracy is essential and appreciated.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Student (18 year-old)

❖ Forward final ***transcript and grades*** to the address listed below:

College Name:

Address: