



WAKE COUNTY PUBLIC SCHOOL SYSTEM

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize school officials to send official student records/transcript for the following student.

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Or Last Year of Attendance \_\_\_\_\_

SEND RECORD TO THE FOLLOWING SCHOOLS, AGENCIES OR INDIVIDUALS:

Table with 4 columns: Name, (Free)\*, Complete Address, Date Sent. Multiple rows for listing schools/agencies.

- Free copies are only for students currently enrolled in Wake County Schools.

Student Signature - 18 years or Older \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature, required if student is not yet 18 years \_\_\_\_\_ Date \_\_\_\_\_

I hereby additionally authorize school officials to release any Psychological and/or Health data that may exist regarding the above named student.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent, Guardian, or Student Over 18