Wake County Public School System Authorization for Release of Information

Name of School: Leesville Road High School
Name of Student :_____ Grade: _____
Date of Birth: _____ Age: _____
Parent Signature (Required if student is not 18):_____ Date:_____
Student Signature (If student is 18): _____ Date:_____

I authorize school officials to send the documents requested below:

Documents Requested	College, University, or Organization Name	Complete Mailing Address	Date Sent
_____ Counselor Statement _____ Scholarship Application _____ Other _____			
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