

GLEN ROCK HIGH SCHOOL
Guidance Department



BLANKET AUTHORIZATION
FOR RELEASE OF SCHOOL RECORDS

Student Name: _____ **Date:** _____

As parent/guardian of the above-named student, I hereby authorize the Guidance Department of Glen Rock High School to release his/her transcript file to all the institutions and/or scholarship services designated by my son/daughter, and to any college requesting information for athletic or admission purposes.

I understand that:

1. Official scores ***MUST*** be requested by the student from ETS/ACT.
2. Mid-year grades will be sent to colleges, providing that the student has followed the transcript mailing procedures.

I hereby release Glen Rock High School from any liability for providing the information requested.

Parent/Guardian: _____ **Date:** _____

I have read the above information and I understand the contents. I also realize that ***NO*** information will be mailed unless the form is completed.

Student Signature: _____ **Date:** _____