



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 Student \_\_\_\_\_ Grade \_\_\_\_\_

Current School (or last WCPSS school) \_\_\_\_\_

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

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

Table with 4 columns: Schools, Agencies or Individuals to Receive Record, Fee, Complete Address, Date Sent. Includes row for Athletic Inquiries and rows with fees of \$5.00.

\*Currently enrolled high school students may receive three free transcripts each year upon request.

Signature of Parent, Guardian, or Student Over 18 years old

Date

In addition, I authorize school officials to release any psychological and/or health data that may exist regarding the above named student

Signature of Parent, Guardian, or Student Over 18 years old

Date

