

QUINCE ORCHARD HIGH SCHOOL PERMISSION TO RELEASE INFORMATION

Student's Name _____ ID# _____

SSN # _____ Date of Birth _____

Home Phone _____ Date of Graduation _____

Address _____

(Street/Apt)

(City/State/Zip Code)

Counselor's Name _____

Public Law 93-380 requires a parent/guardian's signature (or student's if 18 years of age) before records can be released.

We are not permitted to release any information without written authority.

- I hereby authorize the release of student information for college applications.
- I grant permission to release information for scholarship consideration and job application.

Print Parent/Guardian's Name Parent/Guardian's Signature

I understand that my counselor's recommendation and supporting documents will be mailed directly to the college(s). I understand that I may not read these documents.

Student's Signature: _____

Parent/Guardian's Signature: _____