

**Bring completed card(s) to the Guidance Office with addressed & (2) stamped envelopes for each transcript request. Thank you.**

**AUTHORIZATION TO RELEASE RECORDS**

DATE: \_\_\_\_\_

I do hereby authorize personnel at  
William Annin Middle School to  
release a copy of the records for

\_\_\_\_\_  
Student Name

to the following  
School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Authorization:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature (if over 18 years)

DATE: \_\_\_\_\_