

**BOYERTOWN AREA SENIOR HIGH SCHOOL**

120 North Monroe Street

Boyertown, Pa 19512

**TRANSCRIPT/RECORD RELEASE AUTHORIZATION**

The Boyertown Area School District is authorized to  
release a copy of the student record/transcript of:

\_\_\_\_\_  
(Name of Student)

to \_\_\_\_\_  
(Name of Educational Institution, Agency or Person)

I authorize the transfer of the following records:

- a. Administrative Record (name, address, telephone number, birth date, sex, grade level completed, grades, class standing, attendance records, parent/guardian's names, siblings, additional family information.)
- b. Validated teacher and/or counselor observations and evaluations.
- c. Special Education documentation
- d. Personality and interest test findings
- e. Health records/medical reports

Signature \_\_\_\_\_

Graduation Date \_\_\_\_\_

Name as it appears upon graduation \_\_\_\_\_

Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_