

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. Standardized tests – PSSA, SAT, and ACT scores will be included if taken.
- c. Validated teacher and/or counselor observations and evaluations.
- d. Special Education documentation
- e. Personality and interest test findings
- f. Health records/medical reports

Signature _____

Graduation Date _____

Name as it appears upon graduation _____

Date _____

Home Phone Number _____