

**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, birthdate, sex, grade level completed, grades, class standing, attendance records, parent/guardians' 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: _____

Daytime Phone Number: _____