



CSN Tech Prep
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**CONSENT FOR
HIGH SCHOOL RECORDS
RELEASE**

Instructions to Students:
Please complete the form and return to your teacher by February 27, 2013.

High School Name: _____

Student Name: _____

High School Student Number: _____

NSHE ID Number: _____

Telephone Number: _____

Date of Birth: _____ Graduation Year : 2013 2014

I hereby give permission to the high school named above to send my official transcripts including courses, grades, attendance, and any college test scores to CSN Tech Prep Department.

Student Signature: _____ Date: ____/____/____

Parent/Legal Guardian Signature: _____ Date: ____/____/____
(If student is less than 18 years of age)