

**AUTHORIZATION FOR RELEASE OF INFORMATION
OFFICIAL TRANSCRIPT REQUEST**

GRETNA HIGH SCHOOL

**PO Box 398
Gretna, VA 24557
434 656 2246**

Gretna High School

Today's Date _____

Student's Full Legal Name _____

Telephone Number _____

I hereby authorize Gretna High School to release and to forward my **OFFICIAL TRANSCRIPT** to post secondary institutions, potential employers, scholarship programs, and/or other agencies upon my written request on the **TRANSCRIPT RELEASE FORM**. I will submit the request a minimum of five school days prior to the date due to the Guidance Office.

Signature of Student (required) _____

Date of Birth of Student _____

Graduation year _____

Signature of Parent/Guardian _____

(required if student is under age 18)

Release to:

Mailing Address:

City\State\Zip:

There is a \$5.00 fee for a transcript request. A money order payable to Gretna High School will be accepted.

NOTE: The following items are enclosed with an **OFFICIAL TRANSCRIPT**:

*Secondary School Transcript *SAT I or ACT if available *SAT II if available