TRANSCRIPT RELEASE REQUEST

SPRING GROVE AREA HIGH SCHOOL
1490 ROTH'S CHURCH ROAD
SPRING GROVE, PA 17362
Telephone: (717) 225-4731 x 7070 Fax: (717) 225-7317

Full Name While in Attendance with Spring Grove

_____ _____

Date of Birth **Year of Graduation**

I give permission for Spring Grove Area High School to release school records to the following:

Name of College/University Scholarship, Employer or Other (Note "Self" for personal copy)	Application Submitted (College/University)	Admissions/Scholarship/Employer Contact Information
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I understand that this information may include: academic grades; credits earned; class rank; grade point average; test scores; extracurricular activities; psychological reports; special education records; teacher, counselor, and administrative recommendations. Keystone scores (required by some colleges/universities) will be included. By signing this release form, I absolve Spring Grove Area School District, its directors, agents, and employees from any responsibility through this authorized disclosure. Unless otherwise specified, **this release is valid for a period of one year**.

Signature: _____ **Date:** _____

Address: _____

Email Address: _____

Phone Number: _____

*Please allow a minimum of **ONE WEEK** for the processing of transcript requests.
*Additional request lines are available on the back of the release form.

Name of College/University Scholarship, Employer or Other (Note "Self" for personal copy)	Application Submitted (College/University)	Admissions/Scholarship/Employer Contact Information
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