

Overbrook High School

Parental Release for Student Records

Please allow 10 school days for school records request to be processed

STUDENT NAME _____ **BIRTHDATE** _____

By signing this form, you give permission for all of your child's transcripts, recommendations, test scores, and other academic records to be submitted to other educational institutions for review. This may include admission advisors, coaches, scholarship committees, and the NCAA.

If this form is not received, individual release forms must be signed for every school or organization that is requesting transcripts or additional records.

A PARENT SIGNATURE IS REQUIRED TO RELEASE INFORMATION.

PARENT NAME (print) _____ **Date** _____

Parent/Guardian Signature _____

Office Use Only

Date Received _____

Completed by _____