

# GROVE CITY AREA SCHOOL DISTRICT RELEASE OF EDUCATIONAL RECORDS

Name(at time of enrollment):

\_\_\_\_\_  
(Please Print)

TYPE OF TRANSCRIPT: \_\_\_\_\_ Official \_\_\_\_\_ Unofficial

Year of Graduation/Last Year of Attendance: \_\_\_\_\_

Will Pick Up \_\_\_\_\_ OR Mail To \_\_\_\_\_:

(Please include full name and address of school, employer, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX # \_\_\_\_\_

\_\_\_\_\_  
*I hereby give permission to the Grove City Area School District to release my transcript including grades, rank, cumulative GPA, ACT/SAT test scores, and standardized achievement, and/or upon request : intelligence and aptitude test scores, attendance/discipline records, and record of extracurricular activities for the named individual to the school, company or agency identified above.*

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over 18)

\_\_\_\_\_  
Date

Please mail or fax this completed form to: Grove City Area Senior High School, 511 Highland Avenue, Grove City,  
PA 16127  
Fax 724-450-0678

*-The Grove City Area School District requires that an executed "Release of Educational Records" be filed with the school district prior to the release of any information regarding students presently or formerly enrolled in the district.*

## **OFFICE USE ONLY**

Records mailed \_\_\_\_\_

\_\_\_\_\_  
Date

Signature \_\_\_\_\_