

BISHOP LUERS CATHOLIC HIGH SCHOOL

TRANSCRIPT RELEASE FORM

In order to forward a transcript to colleges, universities, NCAA, and prospective employers, we are required to obtain your written permission prior to complying with such request.

Please sign this form if you desire that your student's transcript be released.

I hereby consent to the release, by the school system, of a copy of the transcript for

_____ to any college, university, NCAA, or prospective
(Student's Name)

employer(s) who requires such information.

(Date)

(Parent's Signature)

(Date)

(Student's Signature if over 18 years of age)

There is a charge of \$5.00 for each copy of transcripts.

BISHOP LUERS CATHOLIC HIGH SCHOOL

SOCIAL SECURITY RELEASE FORM

The Department of Education must have your Social Security Number for the purpose of identifying Core 40 and Academic Honors Diploma recipients and potential State Financial Aid.

Please sign this form if you desire that your student's social security number be released to the Department of Education.

I hereby consent to the release of _____
(Student's Name)

social security number to the Department of Education.

SOCIAL SECURITY NUMBER: ____ - ____ - ____

(Date)

(Parent's Signature)

(Date)

(Student's Signature if over 18 years of age)