

RECORD REQUEST/RELEASE FORM

P.K. YONGE DEVELOPMENTAL RESEARCH SCHOOL

Today's Date: _____ Current Grade or Graduation Year: _____

Student's Name: _____

Homeroom Teacher: _____

Type of Record Requested: _____

Please send my records to (circle one):

College Scholarship School Employer Student/Parent* Other

Name of College/Scholarship/School/Employer:

Address/fax:

____ Counselor/School Recommendation attached Application Deadline _____

Please send my records by (circle all that apply):

Mail Electronic Transfer Fax** Pick up**

**There will be a \$5.00 fee for all transcripts picked up. All transcripts must be sent directly from P.K. Yonge by mail or electronic transfer to be "Official". Transcripts faxed or hand delivered are unofficial copies.

By signing this form, I hereby authorize P.K. Yonge to release my requested records to the above named party.

Signature: _____

Please note: State law allows schools to transfer records to another school without a signature of the student or parent. *Parent/Guardian may not sign to authorize release of records if student is over 18 years of age.

OFFICE USE ONLY:

____ Transcript Pick Up Fee \$5.00 ____ Scholarship Fee \$ _____

Date of Completion: _____ Completed by: _____

White (Guidance)

Yellow (Student)