



**HOWARD COUNTY
PUBLIC SCHOOL SYSTEM**

**REQUEST FOR PERMISSION TO RELEASE
PERMANENT SCHOOL RECORD TO THIRD PARTY
FOR POST-SECONDARY PLANS**

In reference to the school records of: _____
Pupil's Name

School: _____ Expected Year of Graduation: _____

Date of Birth: ____/____/____ Daytime Phone Number: (____) _____

Current Street Address

City State Zip

With the understanding that student records are of a confidential nature and may not be transferred to a third party without written consent of the parent, I do hereby grant permission for the following records to be released:

- Unofficial Academic Transcript Report Card

To either:

- College Coaches
 High School Coach(es)

Signature of Parent/Guardian Date: ____/____/____

Note: If Official transcript is needed, there is a Transcript Fee of \$4.00 per transcript.

Please submit completed form to Atholton High School Registrar Phone 410-313-7068 FAX 410-313-7079