PERMISSION TO RELEASE EDUCATION RECORDS

To: Records Registrar

(Enter name of High School)

(Street Address)

(City, State, Zip Code)

In connection with my employment with the Clarksville-Montgomery County School System, Clarksville, Tennessee I authorize the appropriate school official to release a copy of my school transcript.

Name (Please Print) _____
First Middle Last

Social Security Number _____

Maiden Name_____

Date of Birth_____

Please fill in the appropriate space:

Graduated (Year)_____

Dropped or transferred (Year)_____

Please mail the copy of my transcript to me at the address below:

(Name)

(Street Address)

(City, State, Zip Code)

Thank You,

Signature of Applicant