

**BURRELL HIGH SCHOOL
1021 PUCKETY CHURCH ROAD
LOWER BURRELL, PA 15068**

TRANSCRIPT RELEASE FORM

I/We hereby authorize and grant permission to the Burrell School District to release a copy of my transcript, which will include my Official Record (name, address, birthdate, attendance record, courses and grades, GPA, and class rank); Current Report Card (if still enrolled); Activity Record; and SAT, ACT, and State Assessment Test Scores.

- HIGH SCHOOL STUDENTS ONLY.** Please forward an official copy of my transcript to:

All Colleges, Universities, Post-Secondary Schools, Scholarship Committees, Coaches, and Recruiters.

- GRADUATES ONLY.** Please forward an official copy of my transcript to:

Name of College or Employer

Address, Email, or FAX of College or Employer

I/We further exonerate and forever discharge the Burrell School District and School officials of any and all legal liabilities which may arise because of the transmission of the above identified confidential information.

*Parent/Guardian **and** student signatures required if student is under 18 years of age. Student signature **only** is required, if student is 18 years of age or older.

PLEASE PRINT THE FOLLOWING INFORMATION AS IT WAS/WILL BE AT GRADUATION:

LAST NAME _____ FIRST NAME _____

YEAR OF GRADUATION _____ TELEPHONE NUMBER _____

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

For Graduates, please FAX this form to 724.334.1416 or email to sloskin@burrell.k12.pa.us or jpham@burrell.k12.pa.us.