

AUTHORIZATION FOR RELEASE OF TRANSCRIPT

Date of Request: _____

I hereby authorize and request Morgantown High School to release the records of:

Last Name	First Name	Middle/Maiden	
Address	City	State/Zip	
Phone Number	Soc Sec #	Birthdate	Graduation Date

TO: _____

ADDRESS: _____

Please check this space if SHOT RECORDS are required: _____

Signature: _____
(Required)



The cost of preparation and mailing each transcript is \$5 payable to Morgantown High School.

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