

Garfield High School

Consent to Release Student Educational Records

ALL TRANSCRIPT REQUESTS WILL BE PROCESSED WITHIN 5 WORKING DAYS,

THIS RELEASE IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party to whom you grant access.

Section A: Student Information	
Name: (Last, First, Middle Initial)	
Other Names Used:	
Date of Birth:	Telephone:
Email address:	
Home Address: (Street, apartment number, city, state, zip code)	
How would you like to receive your transcript? <input type="checkbox"/> Email (Unofficial copy only) <input type="checkbox"/> Pick up <input type="checkbox"/> Mailed	
Section B: Individual/Institution/Agency	
Name:	
Address: (Street, city, state, zip code)	
Telephone:	Fax:
Email:	
Section C: Student Certification	
I, _____, give consent for Garfield High School to release my transcript to the third-party designee listed in Section B above.	
Student Signature:	Date:

1255 16th St. San Diego, CA 92101

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