

Authorization for Release of Records  
(Graduates/Former students)

I, \_\_\_\_\_, Maiden Name \_\_\_\_\_

Living at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street Address) (City) (State, Zip)

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Hereby give permission for Kickapoo High School to release my

\_\_\_\_\_ Transcript (Includes credits, grades, GPA, rank in class, ACT score)

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Permanent Records

To \_\_\_\_\_  
(Please include complete address)

Date \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
(If student is under 18)

Year of Graduation \_\_\_\_\_ or present grade \_\_\_\_\_