

SOUTH BEND COMMUNITY SCHOOL CORPORATION

PERMISSION TO RELEASE SCHOOL RECORDS

The information requested below is needed to facilitate our search for your record:

Legal Name (please print)

Last school and grade attended

Name while in school

Date of birth

Date graduated

Date withdrew

The following information is desired (please check information to be released):

____ Transcript of grades and attendance

____ Verification of birthdate

____ Verification of graduation

____ Extra curricular data (if available)

____ Verification of last grade attended

____ Test information (for colleges only)

____ Rank in class

____ Citizenship data (if recorded)

____ Grade point average

____ Other _____
(please specify)

____ Health records

_____ School of the South Bend Community School Corporation has my consent to release a copy of my school record.

Parent or Guardian Signature
Student signature (if 18 or older)

Relationship to student

Return to _____ with a stamped envelope pre-addressed to whomever is to get the information. Also, include a \$1.00 fee if a transcript is requested.