

Grant Union JR/SR High School



911 S. Canyon Blvd.
John Day, OR 97845
(541) 575-1799
FAX: (541) 575-2754

PERMISSION TO RELEASE INFORMATION

I, the undersigned, hereby request and authorize the following:

GRADUATION YEAR _____

Full Legal name _____ Date of Birth _____ Current Grade level _____

Maiden Name or any other name used _____

Parent/Guardian/Adult Student Signature

Date

CURRENT CONTACT INFORMATION:

Current Address: _____
Home Phone _____

City, State, Zip: _____
Cell Phone _____

EMAIL ADDRESS: _____

SCHOOL OR AGENCY WHERE RECORDS ARE TO BE RELEASED:

School/Agency/Person: _____
Phone _____

Address: _____

City, State, Zip: _____
FAX _____

Contact Name _____ EMAIL: _____

Release my official transcripts and any of the following school documentation:

In addition to transcripts, please -if available- send copies of:

- | | |
|---|--|
| <input type="checkbox"/> Transcripts/report card/withdraw grades | <input type="checkbox"/> Disciplinary/behavior records |
| <input type="checkbox"/> Immunizations *Medical and/or related health records | <input type="checkbox"/> All testing records |
| <input type="checkbox"/> 504 records | <input type="checkbox"/> Other-specify _____ |
| <input type="checkbox"/> Individualized Education Program Plan | |

Please return this form to the records department at Grant Union JR/SR High School.

If you have any questions, please contact me at 541-575-1799 ext. 25

Elizabeth Shelley

shelleye@grantesd.k12.or.us

Grant Union JR/SR High School Career Coordinator

Secondary Contacts:

Ryan Gerry- Principal gerryr@grantesd.k12.or.us

Rachelle Simmons-Secretary simmonsr@grantesd.k12.or.us

Jamie Wright-Library jamiewright@grantesd.k12.or.us

Date form sent _____

This release is valid for one year from date of signature, unless specified otherwise.

"Prospector Pride"