



**Northampton Area High School
Counseling Office**

Permission to Release Student Transcript

Please complete, sign, and return to the NHS Counseling Office.

We/I hereby grant our/my permission for the Northampton Area High School Counseling Office to release the required information listed below from the cumulative record of:

Student Name	ID#	DOB
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We/I authorize release of this information to: (check all that apply)

- Colleges/Institutions
- Military Services
- Employers
- Scholarship Programs
- Other: _____

Cumulative record information to be released:

- ❖ Official Academic Record/Transcript – Student name, address, birth date, courses taken, earned grades, class rank, cumulative yearly attendance, cumulative GPA, school activities
- ❖ Family Background Data – Parent and/or guardian name and address

Parent Signature

Student Signature

Date