

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS – ARUNDEL HIGH SCHOOL

Records Authorization

I, \_\_\_\_\_, hereby authorize the Anne Arundel County
Authorized Person
Public Schools to release the transcripts of \_\_\_\_\_
Student Name
as indicated below.

Student Signature Date

Parent/Guardian Signature Date
(Required if student is under 18)

School last attended Year of High School Year of
Or presently attending Graduation or Withdrawal

Date of Birth Telephone Number

Permanent Mailing Address

Form with checkboxes for OFFICIAL COPY, UNOFFICIAL COPY, Hand carried, Mailed, and No. of Copies.

College/Organization College/Organization

Address Address

College/Organization College/Organization

Address Address

NOTE: Please allow 7 to 10 working days to process request.

- \$2.00 fee for each transcript. (official or unofficial)
• List above name and address of where to send transcript