

TO: McGuffey High School
86 McGuffey Drive
Claysville, PA 15323

RE: REQUEST FOR PERMISSION TO RELEASE PERMANENT SCHOOL RECORD

Please release a copy of my school record to:

The record may include the following:

_____ Official administrative record (name, address, birthdate, grade level completed, grades, class standing, attendance record)

_____ Standardized achievement test scores

_____ Intelligence and aptitude test scores

_____ Sign or type name here

_____ Date

Please print name at time of graduation (or withdrawal) _____

Year of Graduation: _____ Birthdate: _____