



Salina High School Central

650 East Crawford Salina, Kansas 67401
Phone: (785)309-3500 Fax: (785)309-3501
Website: www.usd305.com/central



USD 305 AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ Date of Birth _____
(print student's name) Year of Graduation _____ ,

hereby authorize Salina High School Central to release to:

Official Copy?

Date	Name of School	Official Copy?	
		Yes	No
__/__/__	_____	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	_____	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	_____	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	_____	<input type="checkbox"/>	<input type="checkbox"/>
__/__/__	_____	<input type="checkbox"/>	<input type="checkbox"/>

Phone number you can be reached at: _____

Type of information to be released:

- Transcript
- Grades/Progress Report

I authorize _____ to pick up my records.
(Print name of person picking up)

Signature of Student _____ Date __/__/__

Signature of Parent/ _____ Date __/__/__

Legal Guardian

If student is UNDER 18, this form must be signed by parent/legal guardian.
If student is OVER 18, this form must be signed by student.