

# Charles F. Brush High School

## PERMISSION TO RELEASE STUDENT INFORMATION

It is the policy of South Euclid-Lyndhurst City Schools to release information concerning our students to various agencies and other third parties provided proper authorization is obtained. We shall not release any information from our records unless proper authorization is obtained. Those able to give this authorization are: Individuals over 18 years of age, parents (custody is required in separated families) and guardians of students who are under 18 years of age.

I hereby authorize the South Euclid-Lyndhurst City Schools to release information from my Permanent record to those colleges or agencies indicated below.

\_\_\_\_\_  
Please Print Full Name of Student at Time of Graduation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

### Information Requested: (Check all that apply)

- Official Transcript (To be sent to School or Employer)
- Unofficial Transcript (To be sent to Individual or Hand Carried)
- Test Scores
- Medical Records

Where Records are to be Sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

Charles F. Brush High School  
Attn: Transcripts  
4875 Glenlyn Rd.  
Lyndhurst, OH 44124

PLEASE INCLUDE \$2.00 FOR EACH TRANSCRIPT YOU NEED PROCESSED

Office Use:

Date Received: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Pick Up: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Official: \_\_\_\_\_ Unofficial: \_\_\_\_\_