

**Iroquois Central School District**  
***High School Student Support Services***  
**P.O. Box 32, 2111 Girdle Road**  
**Elma, New York 14059-0032**  
**Phone(716)652-3000 Fax(716)995-2445**

**TRANSCRIPT RELEASE INFORMATION  
FOR ATHLETICS**

On occasion, we are asked by colleges or universities for transcript information. Please fill out this release form, so we have authorization to fax or mail a copy of your transcript to them.

I **DO** authorize the Guidance Department to release this information to the college or university.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date