

**AUTHORIZATION FOR RELEASE OF INFORMATION  
OFFICIAL TRANSCRIPT REQUEST**

**GRETNA HIGH SCHOOL  
100 Gretna Hawks Circle  
Gretna, VA 24557  
434 630-1800**

Today's Date \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

I hereby authorize Gretna High School to release and to forward my **OFFICIAL TRANSCRIPT** to post secondary institutions, potential employers, scholarship programs, and/or other agencies upon my written request on the **TRANSCRIPT RELEASE FORM**. I will submit the request a minimum of five school days prior to the date due to the Guidance Office.

Signature of Student (required) \_\_\_\_\_

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

Graduation year \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

(required if student is under age 18)

Release to:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

City\State\Zip:

\_\_\_\_\_

**There is a \$5.00 fee for a transcript request. A money order payable to Gretna High School will be accepted.**

NOTE: The following items are enclosed with an **OFFICIAL TRANSCRIPT**:

\*Secondary School Transcript    \*SAT I or ACT if available    \*SAT II if available