

AUTHORIZATION TO RELEASE HIGH SCHOOL TRANSCRIPT

Records are being released from:

Esko (Lincoln) High School

P.O. Box 10

Esko, MN 55733

Records to be released to: (fill in complete address)

OR SEALED ENVELOPE TO STUDENT (how many) _____

Name of Student: _____

Year of Graduation: _____

Permission is given to release the following records:

- **Transcript of Permanent Record:**
Name, Birth Date, Sex, Parent's or Guardians' name
Course titles and grades, Class Rank and GPA
- **Participation in School Activities**
- **Standardized Test Scores and Elective Test Scores**

Signature of student or parent

Date

* Must be returned to Esko High School Office two days prior to mailing date.