

# AVON HIGH SCHOOL

## PERMISSION TO RELEASE INFORMATION

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Grade \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

My signature authorizes the release of transcripts, test scores and grade reports to academic institutions and scholarship committees and remains in effect until the graduation or withdrawal of the named student.

\_\_\_\_\_  
**Parent/Student** signature  
(Parent signature required if student is not 18)

\_\_\_\_\_  
Date