



Thompson High School

100 Warrior Drive
Alabaster, AL 35007



Student Services

Telephone 205-685-6740

Fax 205-685-6741

Main Office

Telephone 205-685-6700

Fax 205-620-9608

Date: _____

I give permission to Thompson High School to furnish information from the school record of:

Last Name	First Name	MI	(Maiden name)
_____	_____	_____	_____

And send to: _____
(School, College, Employer, Etc.)

(Address)

(City, State, Zip)

I am currently:

Enrolled in THS Graduated (yr) _____ Drop Out (yr) _____ Transfer (yr) _____

Date of Birth _____ Social Security # _____ - _____ - _____

Please Include Phone number where you can be reached: (_____) _____

Note: In addition to grades, all test results and immunization records are included in this release.

Signed: _____
Parent/Guardian or *Student

Attached is \$3.00 _____ Attached is \$10.00 for Unlimited Transcripts _____

I previously paid the \$10.00 Unlimited Transcript fee _____

**If a student is 18 years or older, he/she must give permission instead of parent/guardian.
Sec. 513, Title V. Public Law 93-380.*