

Barbour County High School

TRANSCRIPT RELEASE AUTHORIZATION

Applicants must mail or bring this form directly to Barbour County High School. In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), schools cannot release academic records without the written consent of the student.

****Transcripts are \$3.00 per copy.****

**Please mail form and check or money order to:
Barbour County High School
P. O. Box 339~ Clayton, AL 36016**

PLEASE PRINT

Date of Request: _____ Contact Telephone No: _____

Name: _____
Last First MI

Date of Birth: _____ Social Security No: _____

Street Address: _____

City, State, Zip: _____

Name while in school: _____
Last First MI

High School Attended: _____ Year of Graduation/Last Attended _____

Clayton High School:	_____	_____
Louisville High School:	_____	_____
Barbour County High:	_____	_____
Barbour County Training:	_____	_____
Other:	_____	_____

Delivery Type

Pickup Date: _____

Fax Number: _____

Mailing Address:

Authorization of Release: I hereby authorize Barbour County High School to release my high school records.

Signature: _____

Date: _____