



NORMANDY HIGH SCHOOL
6701 ST CHARLES ROCK ROAD
ST LOUIS, MO 63133
(314) 493-0609 FAX (314) 493-0666
abuchanon@normandysc.org

AUTHORIZATION TO RELEASE TRANSCRIPT/RECORD

DATE: _____

EXACT NAME USED WHILE ATTENDING SCHOOL: (Please Print)

Last: _____ First: _____ MI: _____ DOB: _____

Graduate? No Yes Date Left School _____

Please check each item requested:

Elementary/ Junior High Record

*High School Transcript

Immunization Record

Complete Educational Record

Purpose of request:

1. Send to College/University

5. Self/Personal

2. Hand Carry to Institution (Check with school first)

6. Send to Vocational/Technical School

3. Scholarship/Financial Aid Application

7. Court/Government Agency

4. Employer

8. Military

9. Other _____

*If an OFFICIAL high school transcript (affixed with district seal) is requested for use by university, vocational school or potential employer, the transcript must be mailed directly from this office, unless other instructions were given. Provide the complete name and address below:

Signature: _____

Please print name if different from record: _____