

Plainview Public Schools
Transcript Release Form

I, _____, give my permission for Plainview School to release my transcript to the person or school named below.

Transcript for:

Name on Transcript: _____

Date of Birth: _____

Year Graduated: _____

I would like my transcript:

Faxed to : _____

Mailed to: _____

Given to the person listed below:

Transcript to be Released to

Relationship
(i.e.: self, mother, employer, etc.)

Authorized Signature

Date

****Please include a valid readable copy of your driver's license.**