

**CENTRAL DAUPHIN SCHOOL DISTRICT
 ADMINISTRATION BUILDING
 600 RUTHERFORD ROAD
 HARRISBURG PA 17109
 TELEPHONE: (717) 545-4703
 FAX: (717) 214-5283**

**REQUEST TO RELEASE HIGH SCHOOL TRANSCRIPT
 Cost Per Transcript: \$2.00**

Name of Student: _____ School: _____

Date of Birth: _____ Grade Last Attended: _____ Year of Graduation: _____

The Central Dauphin School District is interested in sharing information with Institutions or agencies to assist your son/daughter in the educational decision making process.

In making this request, I understand that both Category "A" and "B" data is available. Category "A" data, which includes but not limited to: name, address, date of birth, academic record, level of achievement (Standard Test Scores), attendance, extra curricular activities and graduation data will be automatically released. Category "B" data is specific information and should be checked to meet individual needs.

I hereby grant Central Dauphin School District permission to release Category "A" and "B" data or Category A Data only or Category B data only. I have initiated those items I am authorizing to be released.

 Name of Person(s)/Institution(s)/Firm(s)

Address _____ City _____ State _____ Zip _____

| | | | |
|--|-----------|-----------------------|----------------------|
| | Available | Permission Granted | Permission Denied |
|--|-----------|-----------------------|----------------------|

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|---|-------|-------|-------|
| Category "A" Data: a. Cumulative records grades _____ b. Level of Achievement (Standardized Test Scores) _____ | _____ | _____ | _____ |
|---|-------|-------|-------|

Category "B" Data:

| | | | |
|---|-------|-------|-------|
| a. Scores on Std. Intell. Tests _____ b. Scores on Std. Aptitude Tests _____ c. Results of Interest Surveys _____ | _____ | _____ | _____ |
|---|-------|-------|-------|

 Signature of Student Telephone Number

Address _____ City _____ State _____ Zip _____

 Date Received Date Mailed