

TRANSCRIPT RELEASE FORM

TO: Valley Lutheran High School
3560 McCarty Road
Saginaw, MI 48603

You are hereby authorized to release the transcripts for _____.
PRINT NAME OF STUDENT

Year of Graduation _____

Signature of parent _____ Date _____

Signature of student (if over 18 years of age) _____ Date _____

Transcript sent to:

Name of institution _____

To the attention of: _____

Street Address _____

City _____ State _____ Zip Code _____