



# Release Form

Date: \_\_\_\_\_

I authorize Mercer County Technical Schools/Home High School to release official school records including academic record, attendance record, and certificate to:

Please PRINT all requested information below:

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Graduating Class of: \_\_\_\_\_ Technical Program: \_\_\_\_\_

Signature of Student/Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Name/Organization: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Note: A photo or fax copy of this authorization shall be considered as effective and valid as original.

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FOR OFFICE USE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_ INITIALS: \_\_\_\_\_