



Hilbert High School

Transcript Release Authorization Form

Name of Student: _____

Date of Birth: _____

Year of Graduation: _____

I authorize the release of my child's transcript for the _____ academic school year. I understand that academic records are confidential and may only be released with the written consent of the student or parent/guardian if the student is under 18 yrs of age.

Name of Parent /Guardian (print)

Signature (cannot be typed)

Date