

**George Wythe High School
#1 Maroon Way
Wytheville, VA 24382**

AUTHORIZATION FOR RELEASE OF RECORD INFORMATION TO COLLEGES AND EMPLOYERS

Last Name First Name Maiden Date of Birth

Street Address

City State Zip Phone #

Date will graduate / graduated / withdrew

Authorization is hereby granted to George Wythe High School to release to:

College/Business Address

1. _____

2. _____

3. _____

4. _____

Student is under the age of 18; please include the following information from my child's/my record:

Official Scholastic Record (Transcript, ACT/ACT Scores)

Other: _____

Date

Parent's/ Guardian's/ Eligible Student's Signature