

INDIANA AREA SENIOR HIGH SCHOOL
Guidance Office

PERMISSION TO RELEASE ACADEMIC RECORDS

I, _____, give the Indiana Area
(name at time of graduation/withdrawal from IHS)

Senior High School permission to release a copy of my academic records/high school transcript to:

(check one below)

Institution or Employer _____
Address or _____
Fax Number _____

Please release a copy to me.
Address or _____
Fax Number _____

Date of Birth _____ Year of Graduation/Withdrawal _____

Date _____
Signature _____

Please complete this form and fax it or return it by mail.

Fax Number: (724) 463-7949

Mail: Indiana Area Senior High School
ATTN: Guidance Office
450 North Fifth Street
Indiana, PA 15701