OFFICE USE ONLY

RECEIVED

AUTHORIZATION FOR RELEASE OF TRANSCRIPT WILLIAM G. ENLOE HIGH SCHOOL

I HEREBY AUTHORIZE SCHOOL OFFICIALS TO SEND OFFICIAL STUDENT TRANSCRIPT ON THE FOLLOWING STUDENT FOR:

COLLEGE SCHOLARSHIP(S) SUMMER PROGRAM(S) OTHER _____

_____ ___/___/___

(Last Name) (First Name) (M.I./Maiden Name) (Date of Birth)

(Address) _____ (City)_____ Telephone # _____

Age_____ Email Address_____ Student School ID#_____

PLEASE CHECK ONE:

Current Student - Expected Date of Graduation _____ **Previous Student** - Last Date of Attendance (Not a Graduate) _____ **Graduate**-Mo/Year of Graduation_____

NOTE: *Transcripts cost $5.00 each. Current students (9-12) get the first three transcripts free each year. Senior students get one Mid-Year and one Final transcript free after graduation. Graduates and non-enrolled students must pay $5.00 for each transcript requested.* . - Cash, certified checks or money orders only. **Personal checks are not accepted**.
Students' records are sent to Central Records after 5 years. Call (919) 850-1638.

SEND RECORD/TRANSCRIPT TO THE FOLLOWING SCHOOLS, AGENCIES OR INDIVIDUALS:

Name	Deadline for Application	Cost	Date Paid	Date Sent
1_____	_____/_____/_____	$5.00	___/___/___	___/___/___
_____	Date You Mailed Application		Will pick up unofficial copy	
_____	_____/_____/_____		Please mail ASAP.	
	Deadline for Application			
2_____	_____/_____/_____	$5.00	___/___/___	___/___/___
_____	Date You Mailed Application		Will pick up unofficial copy	
_____	_____/_____/_____		Please mail ASAP.	
	Deadline for Application			
3_____	_____/_____/_____	$5.00	___/___/___	___/___/___
_____	Date You Mailed Application		Will pick up unofficial copy	
_____	_____/_____/_____		Please mail ASAP.	

I hereby authorize school officials to release my (or my child's) transcript.

_____ __/__/__ _____ ___/___/___

(Student Signature - 18 years/Older) **(Date)** **(Parent Signature, required if student is not 18 years of age)** **(Date)**