

AUTHORIZATION FOR PUPIL RECORD RELEASE

Northern Lehigh School District
1201 Shadow Oaks Lane • Slatington, PA 18080
Phone: (610)767-9837 • Fax: (610)767-9853 • Email: ssmith@nlsd.org

PLEASE COMPLETE: PART A, B, C, D

PART A

Student's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Year of Graduation: _____

PART B

To protect the rights of all individuals involved, Northern Lehigh School District's administrative and/or guidance personnel will not release to, nor request from any individual(s) other than professional school personnel, any confidential information concerning a student without securing the written permission of the student's parent(s) or legal guardian(s).

Records Authorized for Release

- _____ Transcript*
- _____ Other (specify) _____
- _____ Recommendations** from: _____
- _____ Final Transcript (Grade level or Grade Completed ➤ _____)

*Includes NLHS grades, credits earned, attendance, activities, awards, GPA, class rank, proof of graduation (if applicable)

NOTE: SAT/ACT SCORES WILL NOT APPEAR ON TRANSCRIPTS

**It is the student's responsibility to request recommendations from staff and have completed recommendations given to guidance for mailing

PART C

I authorize Northern Lehigh to release the records checked (✓) above to:

School/Organization: _____

Address: _____

City, State, Zip: _____

PART D

*Signature of Eligible Student: _____ Date: _____

Signature of Parent/Guardian: _____

*An eligible student is one who is: (1) at least age 18 and no longer in high school or (2) married (whether 18 or not).
22 PA Code 12.33, Section 4.6.1

FOR OFFICE USE ONLY

- _____ Transcript
- _____ LOR _____
- _____ Recent RC
- _____ Schedule
- _____ Other _____

Date Sent: _____ Prep by: _____