

INDIANA AREA SENIOR HIGH SCHOOL
Guidance Office

PERMISSION TO RELEASE ACADEMIC RECORDS

****** Please note – the Indiana Area School Board has adopted a policy to charge \$5.00 per transcript request for past graduates.
Please include the payment with your transcript request.******

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 _____

***An official transcript will be released to institutions or employers.**

Please release a copy to me.

Address or _____

Fax Number _____

***An unofficial transcript will be released to individuals unless checked below.**

_____ **I need an official transcript released to me.**

Date of Birth _____ Year of Graduation/Withdrawal _____
(please circle)

Date _____
Signature _____

Please complete this form and return by mail or in person to.

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