

**AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPTS / RECORDS**

I, \_\_\_\_\_ Signature \_\_\_\_\_, hereby authorize Kirtland Board of Education to release my school transcript / records. My signature appears above. An **OFFICIAL** transcript and/or record will be released to a college or a business for reason of employment. An **UNOFFICIAL** transcript will only be released to the above individual.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Date \_\_\_\_\_ Phone Number (for additional information) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Social Security # \_\_\_\_\_  
DOB \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

\_\_\_\_\_ Transcript(s) \_\_\_\_\_ Special Education Records \_\_\_\_\_ Health/Immunization Record

**PLEASE NOTE:** An official transcript and/or record will be released to a college or a business for reason of employment. An unofficial transcript will only be released to the above individual.

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ Please release an official transcript/record to:

Place of business or college \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Direct to the attention of: \_\_\_\_\_

\_\_\_\_\_ Please release \_\_\_\_\_ copy(ies) of an unofficial transcript/record to:

Your name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Please return this form to: Kirtland Board of Education – Transcript Request  
9252 Chillicothe Road, Kirtland, OH 44094  
Fax # (440) 256-3831