

AMHERST COUNTY HIGH SCHOOL / Counseling Department
139 LANCER LANE
AMHERST, VIRGINIA 24521
PHONE: (434) 946-2815
Fax: (434) 946-2263

Release Form

Date: _____

I hereby give permission for Amherst County High School to release my school records to:

Institution or Employer: _____

Address _____

City, State, Zip _____

PLEASE PRINT THE REQUESTED INFORMATION

1. Name while enrolled _____
Last Name First Middle
Current name if different _____
Last Name First Middle
2. Date of Birth _____
3. Social Security Number _____ - _____ - _____
4. Present Mailing Address _____
5. Date of Attendance _____
6. Graduate YES () Date of Graduation _____
Graduate NO () Last Grade/Year Attended _____
7. Telephone Number () _____

I HERBY AUTHORIZE THE RELEASE OF MY OFFICIAL TRANSCRIPT - WHICH INCLUDES: SCHOLASTIC RECORD AND SAT I, SAT II AND/OR ACT SCORES.

SIGNATURE

SIGNATURE

If the student is under eighteen (18) we must have his/her parent's signature.

PARENT'S SIGNATURE

NOTE: A transcript will not be sent without the proper signature and the correct amount of money being paid in advance to the Guidance Office. Students not enrolled must pay \$3.00 per transcript. Make check payable to Amherst County High School-Guidance Office.