

**GALLIA-JACKSON-VINTON JOINT VOCATIONAL SCHOOL DISTRICT
BUCKEYE HILLS CAREER CENTER**

Adult Student Consent for Record Release

Instructions: Please complete form and return to our office (P. O. Box 157, Rio Grande, OH 45674), along with the \$10.00 per record fee. Thank you. PLEASE PRINT

(Last Name-at Graduation) (First Name) (Maiden Name) (Current Last Name)

(Street Address) (City) (State) (Zip)

Social Security No.: _____ Current Phone No.: _____

Program Completed: _____ Year Graduated: _____

Please send ____ transcript(s) to: _____
(Name of School or Facility)

(Street Address) (City) (State) (Zip)

I understand that a service charge must be paid before release of any records.

Signature Date

(FOR SCHOOL USE ONLY)

Date Received _____ By _____

Date Released _____ By _____

Number of pages _____ at _____ per page equals total cost of \$ _____.

Note: This request, when submitted, will become a part of the Official Cumulative Folder pursuant to Public Law 93-380.