

CROOK COUNTY HIGH SCHOOL

Counseling Department

1100 SE Lynn Blvd, Prineville, OR 97754
(Phone) 541-416-6905 (Fax) 541-416-6913

Authorization for Release of Confidential Transcript

Full Legal Name(Print)_____

Name while attending CCHS (if different)_____

Your daytime telephone number (_____) _____ - _____
Area Code

Did you graduate from Crook County High School?

___ **Yes** (Graduation year_____) ___ **No** (Calendar year(s) you attended_____)

In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, information sent by the public schools may not be shared with any other party without the written consent of the parent/guardian or of the pupil if 18 years of age or older.

I confirm I am 18 years old or older and hereby authorize Crook County High School to release all educational records and immunization records to the following.

Student's signature_____

School/Agency/Employer

Name of School/Agency/Employer_____

Attention to_____

Address:_____

City_____ State_____ Zip_____

Telephone number (_____) _____ - _____
Area Code

FAX number (_____) _____ - _____
Area Code