

# 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 \_\_\_\_\_

Does transcript need to be: Faxed (Y/N) \_\_\_\_\_ Mailed (Y/N) \_\_\_\_\_ Both (Y/N) \_\_\_\_\_

Does transcript need to be official? (Y/N) \_\_\_\_\_

**School/Agency/Employer**

Name of School/Agency/Employer \_\_\_\_\_

Attention to \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code

FAX number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code