

Avon Park High School

700 E. Main St.

Avon Park, Fl 33825

Phone - 863-452-4311 Fax - 863-452-4324

Request and Consent to Release Student Records

Student ID# _____ (if you know) Date _____

I request and give consent to Avon Park High School to release the following student records.

Last Name/name used in school First Name Middle

DOB _____ Graduation date/or date last attended APHS _____

Reason for Records: Job _____ Scholarship _____ College _____ Other _____

***PLEASE ENCLOSE A \$2.00 MONEY ORDER PAYABLE TO: APHS**

Name and address of person/place where transcript is to be sent:

Signature _____

School use only:

Date sent: _____

Sent by: _____