

**Southern Local Jr. Sr. High School  
38089 State Route 39  
Salineville, OH 43945**

**RELEASE OF INFORMATION/TRANSCRIPTS**

STUDENT \_\_\_\_\_  
(Print clearly) (Include maiden Name)

Year of Graduation \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Please send an official transcript of school records to:

\_\_\_\_\_  
Name of College, University, Trade, Tech. School, Employer, Military, BVR)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Student Signature) (Date)

(If a student is under 18 years of age, parent or guardian must also sign)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**Seniors, you must have one of these signed and on file before final transcripts can be sent.**