TRANSCRIPT & ACADEMIC RECORDS
AUTHORIZATION OF RELEASE FORM

Student Name: _____ ID#: _____

My signature below confirms that I am the parent/guardian of the student whose name is listed above. I understand that my signature authorizes Hoover High School to release my student's official transcript and/or academic records to the following organization(s) or institutions(s):

_____ Colleges/Universities and Athletic Recruiters
Parent/Guardian Initials

_____ NCAA Eligibility Center and/or NAIA (National Association of Intercollegiate Athletics)
Parent/Guardian Initials

_____ Military (Army, Marine, Navy and/or Air Force)
Parent/Guardian Initials

I understand that this authorization will cease upon my student withdrawing from Hoover High School or graduating in June _____, whichever occurs first.

_____ _____
Parent Signature *Date*

_____ _____
Student Signature *Date*

_____ _____
Registrar Signature *Date*