



Salina High School Central

650 East Crawford Salina, Kansas 67401
Phone: (785)309-3500 Fax: (785)309-3501
Website: www.usd305.com/central



USD 305 AUTHORIZATION FOR RELEASE OF INFORMATION

Are you a graduate of (circle one):

Salina Central *Salina West* *Opportunity Now* *Diploma Completion Program (DCP)*

If you did not graduate from but attended Salina Central, please list the dates you attended: _____

Your legal name when attending high school: _____

Date of Birth: _____ Graduation Date (if applicable): _____

Purpose of the request:

College/University *Employment* *Scholarship* *Other:* _____

Phone Number: _____

Email Address (optional): _____

Send Transcript to (person or university): _____

Mailing Address: _____

City/State/Zip Code: _____

Send Transcript to (person or university): _____

Send Transcript to (person or university): _____

Send Transcript to (person or university): _____

Send Transcript to (person or university): _____

Please write legibly so we can read all information given on this form.

Emailed and Personal copies are not certified (official) transcripts.
Only transcripts mailed directly to a college or employment firm will be certified.

Sign below and return this for to the Salina Central Counseling Office.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

If student in UNDER 18, this form MUST be signed by parent/guardian.
If student is OVER 18, this form MUST be signed by student.