

SALEM HIGH SCHOOL
400 SPARTAN DRIVE
SALEM, VA 24153
Fax: (540) 387-2439

Fax to 540-387-2439 or Email to transcript@salem.k12.va.us

AUTHORIZATION FOR RELEASE OF RECORD INFORMATION TO COLLEGES AND EMPLOYERS

Last Name First Middle Maiden(Name at graduation) Date of Birth

Street Address

City State Zip Telephone Number

Date: will graduate / graduated / withdrew

Authorization is hereby granted to Salem High School to release to:

College/Business	Address	Circle One:	Date Sent
_____	_____	Send Immediately Common App/SendEDU Wait for College Form	_____
_____	_____	Send Immediately Common App/SendEDU Wait for College Form	_____
_____	_____	Send Immediately Common App/SendEDU Wait for College Form	_____
_____	_____	Send Immediately Common App/SendEDU Wait for College Form	_____

The following information from my child's/my record (Circle one):

Transcript Birth certificate Immunizations

High school transcripts only include high school credits. **To send dual enrollment credits please fill out the VWCC transcript request form from the IB office.** Test scores are also not included. Test scores must be sent directly from the SAT/ACT websites.

Date Parent's / Guardian's / Eligible Student's Signature