

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	Date Sent
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 contact VWCC directly. Test scores are ust be requested directly from the SAT/ACT websites.

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