



TRANSCRIPT RELEASE FORM

Gilbert Public Schools, District #41

140 S. Gilbert Road

Gilbert, Arizona 85296

The Gilbert Public Schools Governing Board makes it mandatory that we obtain written consent from the parent/guardian to release student information before any school records can be released to other schools, colleges, agencies or individuals.

If the student has reached the age of eighteen (18), the student's signature is acceptable (in lieu of the parents) to authorize release of the information.

To prevent delays in forwarding records (complete transcript and/or test scores), please complete and return the following written consent form as soon as possible.

To Whom It May Concern:

This is to certify that I give Gilbert Classical Academy permission to forward the transcripts of:

Student Name: _____

Student Number: _____

For the following: (school, college, business/industry, military, legal public agency, scholarship organization): _____

Address: _____

Signature of Parent/Guardian: _____

(if student is under 18 years of age)

Date: _____

Signature of Student: _____

(if over 18 years of age)

Date: _____