

# Release of Educational Records

Today's Date: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize Southeast Polk High School to release the following records:

Choose the record(s) you are requesting:  Transcript  ACT Scores  Immunization

Place of Business Name: \_\_\_\_\_

Please choose at least one of the following venues to whom & where your requested records are to be sent

Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

To be picked up: \_\_\_\_\_ (SEP High School Front Office hours: 7am-4pm/ Mon-Fri)

I authorize Southeast Polk to respond to any requests for student educational documentation

Student Signature: (if 18 years or older) OR Parent/Guardian's Signature:

\_\_\_\_\_

***Return completed form to the Southeast Polk High School Registrar using one of the following options:***

Fax #: 515.957.5171 or 967.8861

Email: [hs\\_registrar@southeastpolk.org](mailto:hs_registrar@southeastpolk.org)

Mail: Attn: HS Registrar, 7945 NE University Ave, Pleasant Hill, IA 50327

**\*Please allow 3 business days for processing**