

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

Please provide the following as to whom & where your requested records are to be sent:

Place of Business Name: _____

Mailing Address, City, State, Zip: _____

Email Address: _____

Fax #: _____ To be picked up: (check) _____

(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:

Mail: 7945 NE University Ave, Pleasant Hill, IA 50327

Email: barbara.tuttle@southeastpolk.org

Fax #: 515.967.8861 or 515.957.5171

**Please allow 3 business days for processing.*