

Record Release Form

Southern Victoria High School

Phone: (506)273-4762

Fax: (506)273-4765

There is a \$5.00 charge for every transcript. Transcripts will not be transacted until this fee is paid. Thank You

I, _____ give permission for my transcript(s) to be released to the post-high school institution below:

Name of Institution:

Address of Institution:

Personal Information:

Year graduated 19____ 20____

Dropped out of grade____ in 19____ 20____

If married, my maiden name was _____

\$5.00 was paid _____

Signature for Marks to be Released

Date