

Sign and return to the Counseling Office to receive a copy of your transcript.
A copy of the transcript must be attached to all local scholarship applications.

TRANSCRIPT/RECORDS RELEASE

I hereby authorize Grafton High School to release a copy of my son's/daughter's transcript for local scholarship purposes. I also grant permission for Grafton High School to verify discipline record information relating to Athletic/Activity Code violations for the Grafton Athletic Booster Club Scholarship and GCSF Scholarship.

Parent Signature _____ Date _____
Parent signature is required for students under 18 years of age.

Student Signature _____ Date _____

*Please return this form to Kelly Rieck in the Grafton High School Counseling Office.
A copy of the transcript will be given to the student to be included with his/her local scholarships.*