



# TRANSCRIPT RELEASE WAIVER FORM

*Please send a signed copy of this release form to Duchesne's main office.*

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check one of the following:**

- I hereby give Duchesne High School permission to release a complete official transcript for the student named below to any college, university, school, scholarship service, prospective employer or branch of the military service.
- I hereby give Duchesne High School permission to release a complete unofficial school transcript to any coach from any college or university.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_