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| **Wake County Public School System Authorization for Release of Information**  Name of School: Leesville Road High School  Name of Student : Grade: Date of Birth: Age:  Parent Signature (Required if student is not 18): Date: ­ Student Signature (If student is 18): Date:  I authorize school officials to send the documents requested below: | | | |
| **Documents**  **Requested** | **College, University, or Organization Name** | **Complete Mailing**  **Address** | **Date Sent**  **(by our office)** |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_Transcript Counselor Statement  Scholarship Application  \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |