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| **Wake County Public School System Authorization for Release of Information**Name of School: Leesville Road High SchoolName 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |