



GALLIA ACADEMY HIGH SCHOOL



Guidance Office
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CONSENT FOR RECORDS RELEASE

Print Full Name _____
(Name while in Attendance at Gallia Academy High School)

Today's Date _____ Age _____ Date of Birth _____

Year of Graduation _____ or Date Last Attended High School _____

Telephone Number or Contact Information _____

An Official Transcript is a Document which provides the student's academic record of subjects taken, grades earned, credits attempted and completed, grade point average, rank in class, and standardized test scores (may include Ohio Proficiency, PLAN, PSAT, OGT, EOC and unofficial SAT/ACT Scores).

If any other records are required they will need to be requested below.

YOU ARE AUTHORIZED TO RELEASE MY SCHOOL RECORDS TO:

(A complete mailing address, fax number or email address of where your transcript is to be sent is required before transcripts will be sent.)

If you are requesting your transcript to be sent to more than one place the complete addresses need to be on a separate sheet.

Business/College/Person: _____

Street Address: _____

City/State/Zip Code: _____

Or if you prefer and mailing a transcript is not required

Contact person/business for faxing or emailing: _____

Fax Number/Email Address: _____

Signature _____

Signature of Parent if requester is under 18