

**DANVERS HIGH SCHOOL GUIDANCE DEPARTMENT**  
**Records Release Request Form**

I hereby authorize the release of transcripts and relevant school records for the purpose of application to college, scholarship and post-secondary training programs. I understand my student records may also contain disciplinary records.

Student Name: \_\_\_\_\_

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

Date

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

(required if student is under 18 years of age)

Date

**Please also release the following records:**

\_\_\_\_\_ Current IEP or 504 Plans

\_\_\_\_\_ Most recent cognitive/achievement testing

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

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

(required if student is under 18 years of age)

**Be aware of application deadlines. The Guidance Office needs 10 days to process your request.**