

Walpole Scholarship Foundation



Authorization for Release of Walpole Public School Records

AUTHORIZATION FOR RELEASE OF WALPOLE PUBLIC SCHOOL RECORDS

TO: Walpole (Massachusetts) Senior High School

FROM: _____
(Student's name)

I, the undersigned, an enrolled student at Walpole High School, hereby authorize you to furnish a written transcript of my record as a student at Walpole High School, and a copy of my Guidance Counselor Recommendation, to, and upon the request of, an office or other member of the Board of Trustees of the Walpole Scholarship Foundation.

This authorization shall expire on later than March 10, 2012, or upon my earlier revocation by written notice to you.

I hereby release Walpole High School and each of its employees individually and personally from all legal liability or other responsibility that may arise from the release of such records pursuant to this authorization.

Dated _____, 2012 _____
(Student's signature)

Dated _____, 2012 _____
(Parent or guardian signature of student under 18 years of age)