

**FLAMBEAU HIGH SCHOOL  
N4540 CTH I  
TONY, WI 54563**

**AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

I authorize the School District of Flambeau, Tony, Wisconsin, to release a transcript of my educational records and other pertinent information as indicated, UPON MY REQUEST, to:

Any and all colleges or scholarships

Any and all military institutions

Employers

\_\_\_\_\_

Please send my ACT score also.

If the individual named above is a minor, this request must be signed by the parent or guardian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date