

**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