

MEDFIELD HIGH SCHOOL

GUIDANCE DEPARTMENT

88R South Street, Medfield, MA 02052
(t)508-359-2482 (f)508-242-8516 www.medfield.net

Transcript Release Authorization

DATE: _____

I authorize Medfield High School to release my child's transcript to any institution to which he/she is planning to apply.

YEAR OF GRADUATION: _____

STUDENT NAME:

Please print

STUDENT'S SIGNATURE:

PARENT NAME:

Please print

PARENT'S SIGNATURE:

Return to the guidance office by September 9th.