



Independent School District 279 Osseo Area Schools  
 Osseo Senior High School  
 317 Second Avenue NW  
 Osseo, MN 55369

**TRANSCRIPT RELEASE AUTHORIZATION**

This authorization allows Osseo Senior High to release academic transcripts.

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one):  <input type="checkbox"/> College application  <input type="checkbox"/> Military  <input type="checkbox"/> NCAA  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Other _____</p>	<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one):  <input type="checkbox"/> College application  <input type="checkbox"/> Military  <input type="checkbox"/> NCAA  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Other _____</p>	<p>_____ (Name of person, educational institution, agency, military, etc.)</p> <p>_____ (Street Address)</p> <p>_____ (City, State, and Zip Code)</p> <p>Purpose (select one):  <input type="checkbox"/> College application  <input type="checkbox"/> Military  <input type="checkbox"/> NCAA  <input type="checkbox"/> Scholarship  <input type="checkbox"/> Other _____</p>
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\_\_\_\_\_  
Signature of eligible student authorizing release of records

\_\_\_\_\_  
Signature of parent/guardian of minor student authorizing release of student's records

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Date of Authorization

(Valid for one year from date of authorization)  
 REQUEST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_